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THE PROCESS OF LEAVING AN ABUSIVE RELATIONSHIP

by

ELIZABETH J. TURNBULL BUEHLER ©

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF NURSING

FACULTY OF NURSING

EDMONTON, ALBERTA
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THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled THE PROCESS OF LEAVING AN ABUSIVE RELATIONSHIP submitted by ELIZABETH J. TURNBULL BUEHLER in partial fulfillment of the requirements for the degree of MASTER OF NURSING.

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Brenda C. Munro
Dr. B. Munro

Date: 15 April 1994

DEDICATION

To the amazing resilience of the human spirit,

To the healing power of truly being heard, and

To those who have yet to discover the healing journey.

ABSTRACT

Woman abuse is a health and social problem of significant proportion in Canada. In this study the researcher explored women's experiences of leaving abusive partners with the aim of increasing understanding about the complex needs and challenges facing women who choose to leave their abusers. The purpose of conducting this research was to explore the emic perspective, and to describe, identify, and provide theoretical analysis of the process experienced by women who leave abusive relationships. The term 'abused woman' is defined as a woman who has experienced repeated physical, psychological, or sexual abuse by an intimate partner endangering her survival or security.

Informants were recruited by poster advertisement in women's agencies in Edmonton. Grounded theory techniques were used for sampling, and collecting and analyzing data obtained through open-ended, face-to-face taped interviews conducted with six primary and two secondary informants. Informants ranged in age from 26 to 50, and four had experienced more than one abusive relationship. Length of time since leaving their abusive relationships ranged from 1 to 17 years. All but one informant had completed at least high school education and all were motivated toward further self-development.

A process consisting of the following five phases emerged from the data; *identifying abuse*, *seeking validation*, *disengaging*, *leaving*, and *healing*. Intervening factors, facilitating and hindering, were summarized as they were identified in each phase of the process by the informants. The process is diagrammed as a spiral illustrating this conceptualization of the process of leaving as a continuous, circular, and cumulative evolution.

The findings revealed a previously undiscovered process of leaving, and indicated that woman are often angered, disappointed and abandoned by professionals with whom

they come in contact while they are in abusive situations. Professionals need to utilize and value listening as an intervention, encourage clients to generate alternatives, and facilitate abused clients to explore the effects of their experiences on their health, while acknowledging that treatment provided for symptoms of abuse is a necessary but temporary intervention. The women in this study succeeded in their processes of leaving because they were empowered to do it for themselves.

ACKNOWLEDGMENTS

The women who volunteered to share the stories of their experiences of leaving abusive relationships are the backbone of this study, and I thank and applaud them for their generosity. Their willingness to discuss their pain, their struggles and their successes in such an open manner is a measure of their commitment to helping other women through this experience. I am deeply grateful for their participation and profoundly respectful of their progress on this challenging journey.

I express my heartfelt appreciation to my thesis supervisor, Dr. Peggy Anne Field, and my other thesis committee members, Dr. Vangie Bergum and Dr. Brenda Munro, for stimulating my thinking and generating perspectives on this research that I would not have conceived without them. In particular I thank Dr. Peggy Anne Field for her skilled guidance, and her sensitivity and caring, which were demonstrated throughout my experience as a novice researcher. She seemed to know exactly when I needed empathy and understanding, and when I needed firmer encouragement. I will always remember and value our free-ranging and generative discussions about women's health which were key to my learning in this process. I also thank Shirley Yakimishyn, Coordinator of the Victorian Order of Nurses People in Crisis Program in Edmonton, who significantly influenced and stimulated my thinking about this research topic, especially through her words, "We are all sisters under the skin."

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I. INTRODUCTION

Statement of the Problem

Woman abuse is a health and social problem of significant proportion in Canada. MacLeod (1980,1987) conservatively estimated that one in eight Canadian women living with a male partner experiences some kind of abuse from their partners. A recent Statistics Canada survey indicated that "one quarter of all women have experienced violence at the hands of a current or past marital partner (includes common-law unions)" (1993, p.1). Ratner (1991) found a rate in Edmonton of 10.7 women per 100 who reported physical abuse and an additional 15.6 women per 100 who reported severe psychological abuse. Other researchers hypothesize an even higher incidence based on varying definitions of abuse, populations studied and method of recruiting and selecting subjects. Although incidence estimates vary, there is growing recognition and widespread agreement that abused women are a high risk population for psychological and physical health problems (Dobbie & Tucker, 1990; Drake, 1982; Jaffe,, Wolfe, Wilson & Zak, 1986; Jarrar, 1985; MacLeod, 1987; Nuttal, Greaves, & Lent, 1985; Walker, 1979). There is general agreement in the research literature that woman abuse occurs in all racial groups and regardless of socioeconomic status, level of education, or religious affiliation (NiCarthy, 1982; Pagelow, 1984).

Innes, Ratner, Finlayson, Brag and Giovannetti (1991), Limandri (1987), and Ratner (1991) indicate that health care professionals often do not detect woman abuse as a health care problem and question if this omission is due to lack of education about abuse, inhibitive helper responses, or failure to understand the experience of abuse from the victims' perspectives. Lichenstein (1981), NiCarthy (1982), and Walker (1979), among others, identify some common myths about abused women which are held by the general public and by many health care professionals. These myths distort understanding about who may be included in the population of abused women, and what can be helpful in the way of intervention. Lichenstein notes that a commonly held belief is that the abused woman can easily leave if she doesn't like the abuse (1981, p. 239).

It is critically important that women in abusive situations receive knowledgeable, caring and supportive guidance when they do take the first essential step in dealing with this problem, that of telling someone (Greaves, Heapy & Wylie, 1988; Walker, 1979; Yakimishyn, 1991). Due to their availability, and the likelihood and confidentiality of their contact with women everywhere, nurses are ideally placed, and "in a unique position to assess for battering, and initiate education, advocacy, referral, and council" (Lazarro & McFarlane, 1991, p. 24). A significant barrier to providing this support faced by many nurses, and others, is a lack of information and understanding of the nature of the experience of women who leave abusive relationships. Innes et al (1991) emphasize the scarcity of literature which describes the experiences of these women. Clearly there is a need for further research in this area if health care professionals, and specifically nurses, are to provide empathetic, effective and efficient health care for this high incidence, high risk population.

Purpose of the Study

In this study, the researcher explored women's experiences of leaving abusive partners with the aim of increasing the understanding of nurses, other health care professionals, and abused women about the complex needs and challenges facing women who choose to leave their abusers. The purpose of conducting this research was to explore in context, describe, identify, and provide theoretical analysis of the process experienced by women who leave abusive relationships.

Research Questions

The research question and sub-questions are:

What is the process experienced by women in leaving abusive relationships?

a) What factors do women identify as facilitating or hindering this process?

b) How do abused women explain these facilitating and inhibiting factors to themselves?

Since little is presently known about women's experiences of leaving abusive relationships, and since the emic perspective is of primary interest in this study, the researcher selected grounded theory techniques to answer the research questions. The research questions are congruent with the basic assumption underlying grounded theory, that human behavior is viewed as a social process (Glaser & Strauss, 1967).

For the purposes of this study, the term, 'abused woman' is defined as: a woman who has experienced repeated physical, psychological, or sexual abuse by an intimate partner endangering her survival or security. This definition is adapted from the definitions and findings of Innes et al (1991), Ratner (1991), Saunders (1986), and Walker (1979). Although terminology for abusive relationships in the literature ranges from 'wife battering' to 'family violence' to 'spouse abuse', this researcher selected the term 'woman abuse' to include any female adult in an abusive intimate relationship regardless of legal marital status, and to clearly include psychological 'battering' as well as physical and sexual battering in the definition.

Organization of the Thesis

This thesis report is structured in five chapters. In Chapter One the statement of the problem, the purpose of the study, and the research questions are presented. Chapter Two comprises a review of the literature relevant to the study of the experiences of women who leave abusive relationships. Chapter Three provides a complete description and rationale for the design and methods utilized in the study. Included in this chapter is a detailed discussion of the decisions of the researcher regarding: sample selection, procedures for data collection and data analysis, measures implemented to increase reliability and validity, and the protocol used to ensure ethical conduct of the research.

In Chapter Four the findings of the study are presented. The characteristics of the sample are described. The process experienced by women who leave abusive relationships which emerged from the data is explicated both diagrammatically and descriptively. The identified process consists of five phases and is conceptualized as a non-linear model.

These findings are discussed in Chapter Five, utilizing relevant literature for lateral grounding of the identified process. The thesis report concludes with implications of the study and recommendations of this researcher both for nursing practice and for further nursing research with women in abusive relationships.

II. REVIEW OF THE LITERATURE

Introduction

The primary purposes of reviewing the literature when using the grounded theory method of research are: to stimulate the researcher's theoretical sensitivity by focusing attention on the significant concepts and relationships which have already been discovered, as well as on the gaps in current knowledge in the area of interest; and to assist in directing the methodological decisions which the researcher must be prepared to make in the process of conducting the study of the phenomena (Strauss & Corbin, 1990). Field and Morse (1985) recommend conducting extensive, critical review of previous relevant research before undertaking qualitative research, thereby enabling researchers to be open and informed, guiding their derivation of theoretical explanation from the literature as applicable, but not restricting them to fitting the data observed in the real world into previous theoretical frameworks. Cooper (1982) and Rodgers (1989) emphasize the importance of reporting the methods used in conducting the literature review, so that the reader may assess the rigor and findings of the analysis. In the Thesaurus of Psychological Index Terms the standard search term subsuming woman abuse is "partner abuse" (1991, p. 154). In Medical Subject Headings, "spouse abuse" is the standardized search heading (1993, pp. 673 & 894). This extensive literature review was conducted by utilizing computerized data bases (Cinahl, Medline, and Psychlit) using the standardized search terms, and following up reference lists of the relevant materials located. A search of Dissertation Abstracts International was productive. The resulting literature review and analysis spans multiple disciplines including: medicine (psychiatry), psychology, sociology, and nursing.

This review and analysis of the literature includes discussion of: problems of comparability in the literature due primarily to definitional diversity, the incidence of woman abuse and the populations affected, and the identification of woman abuse as a health concern. Various theoretical models developed by researchers to explain women's responses to spousal abuse, particularly those studies of women who leave abusive relationships, are addressed. The focus of this literature review is on the area of women's intimate relationships.

A sizable body of literature has developed since about 1960 on the topic of woman abuse, focusing primarily on description of the cyclical nature of battering (Walker, 1978, 1979), psychological profiles of abuser and abused (Reynolds & Seigle, 1959; Shainess, 1977), personality dynamics (Dutton & Painter, 1985), learned social behavior (Dobash & Dobash, 1979; Pressman, 1984), perpetuating factors (Straus, Gelles & Steinmetz, 1980; Strauss & Hotaling, 1980), and, more recently, the incidence and experience of being battered (Drake, 1982; Landenburger, 1988,1989; Lichenstein, 1981; MacLeod, 1980, 1987; Ratner, 1991; Ulrich, 1991; Walker, 1979). Study of abusive relationships originated primarily in the psychiatric domain, with psychologists and sociologists beginning to research in this area in the seventies, followed by nursing studies in the 1980's and 1990's. Primary problems encountered in the review and analysis of the literature are the multiplicity of terms and definitions used in describing the phenomenon of woman abuse.

Problems of Definition

Definitional problems may be divided into four categories: diversity of definition of the same terms between authors, the use of diverse terms by different authors to refer to the same phenomena, the use of different terms as synonyms by individual authors, and in some cases the confounding lack of reported definition of terms at all. Campbell and Parker (1992) indicate that "the limitations in the entire field of research on battering have included operational discrepancies, both measurement and definitional", with measurement limitations being "an extension of the definitional controversy" (p. 79). Due to these definitional problems dilemmas arise for the reader regarding interpretation and comparability of results across studies, particularly with regard to incidence statistics, but also in avoiding interpretive pitfalls when exploring theoretical explanations and reported characteristics and outcomes of abusive relationships.

From the most general term "family violence" (Gelles, 1987a, 1987b) to the most specific term "woman battering" (Pagelow, 1981), a full range of terminology is used to describe similar phenomena. Family violence usually refers to the full range of abuse as it occurs within the family unit; child abuse, child sexual abuse, sibling violence, elder abuse, wife abuse, husband abuse, spousal rape, etc. (Campbell & Fishwick, 1993). Domestic violence, domestic assault, intimate violence, conjugal violence, and marital violence are slightly more specific terms generally used to refer to the abuse of a spouse.

'Battering', 'beating', and 'violence' imply physical force and impact, and most often these terms are used in the literature to refer to physical abuse (Drake, 1982; Gelles & Straus, 1988; Hotaling, Finkelor, Kirkpatrick, & Straus, 1988; Lichenstein, 1981; Weingourt, 1979). In some cases these same terms are defined (for example: Pagelow, 1981; Walker, 1979) to include psychological battery or psychological violence. In some reports the term physical abuse subsumes sexual abuse, while other authors report these as separate categories.

In the majority of the nursing literature on the topic of woman abuse, particularly in the last decade, 'abused women', 'abusive relationships', and 'abuse of female partners' have been the normative terms used, and have been defined to include physical, psychological, sexual, and sometimes economic, or financial abuse. In the works of Campbell (1989), Pagelow (1981), and Weingourt (1979), battered wives is the term used to refer to physically abused female partners. Campbell and Fishwick (1993) stress the importance of using specific terms such as wife abuse or woman abuse rather than spouse abuse, conjugal violence, or domestic violence, stating that the latter terms blur the focus of studies in which it is usually the woman who is victimized. An opposing view is represented by Steinmetz and Lucca (1988) who argue that focusing studies of spousal abuse on situations where the woman is the victim of the violence denies the reality that the male spouse may instead be the abused partner. A logical answer to this disagreement lies in clear definition by researchers regarding the population being studied, since such delineation would not exclude other known or possible occurrences of abuse, but rather establishes clarity regarding the subject(s) under study. Campbell and Parker entitled their comprehensive review of this research topic "Battered Women and Their Children", but specifically used the term 'abuse' to encompass "emotional, sexual, and material degradation and threats as well as physical and sexual assault" (1992, p. 79).

Woman Abuse: Incidence and Population Affected

Abuse of women is pervasive, not rare as was commonly thought as recently as the 1960's (Pagelow, 1984). Considerable research has been conducted in the past decade and a half regarding the incidence and prevalence of woman abuse, particularly in North America. For the purposes of this study, attention has been focused on recent Canadian research.

Until 1991, no single study had been conducted to determine the incidence rate of woman abuse across Canada (Innes et al, 1991). Documents regarding woman abuse published by: government (House of Commons Standing Committee on Health, Welfare and Social Affairs, 1982; Office for the Prevention of Family Violence - Alberta, 1991), special project groups (Canadian Panel on Violence Against Women, undated; Interdisciplinary Project on Domestic Violence, 1993), health care professionals' associations (Canadian Nurses Association, 1992; Ontario Medical Association, 1988), and the news media, tend to utilize the incidence rates reported by MacLeod (1980) and MacLeod (1987). MacLeod (1980) reported that 10% of women in Canada are estimated to be abused physically, psychologically, and/or sexually by their intimate partners within a single year, basing this estimate on her study of the number of divorces attributed by women to violence, and the numbers of women using women's shelters. MacLeod (1987), studying women in transition shelters, reported that one in eight Canadian women living with a male partner experiences some form of abuse from her partner.

A survey conducted by Statistics Canada (1993) indicated an even higher incidence of violence against women, using a definition of violence which included experiences of physical or sexual assault as legally defined but did not incorporate psychological abuses. The findings of this random sample telephone survey indicated that 25% of women in Canada (Yukon and Northwest Territories not included in sampling) have experienced violence by a current or past marital or common-law partner. "One-in-six currently married women reported violence by their spouses; one-half of women with previous marriages reported violence by a previous spouse" (p. 1).

Innes et al (1991) and Ratner (1991) report that several researchers have studied the incidence of physical abuse of women in Alberta, measured by using the Straus Conflict Tactics Scales (1979): Kennedy and Dutton (1989) studied urban and rural women in Alberta, finding 11.2 women in 100 who were physically abused by their intimate partner; Brinkerhoff and Lupri (1988) sampled women in Calgary and found that 10.3 per 100 women were abused in the past year by their spouse; and Ratner (1991) studied Edmonton women and found that 10.7 per 100 women were physically abused by a spouse in the past year (93% of these women were also severely psychologically abused), and an additional 15.6 women per 100 who, though not physically abused, were severely psychologically abused. These findings by different researchers indicate remarkable consistency of incidence rates for physical abuse of women, although the prevalence of psychological abuse has not received as much attention to date. Gelles and Straus, (1988), Landenburger (1988), and Walker (1979), among others, found from women's self-reports of reactions to abuse that they considered emotional abuse to be the most devastating form because of "its insidious nature, the difficulty in labeling it as abuse, and its long-lasting effects" (Landenburger, p. 17) indicating a possible set of reasons why psychological abuse is not studied more frequently, and also a convincing rationale for further study in this area.

There is general agreement in the literature that woman abuse does not occur exclusively in any particular group(s) of women who live with intimate partners; that is, descriptors such as socioeconomic status, location (urban or rural), education, race, disability, age, and religion are neither explanatory nor protective factors, although many myths continue to be held by the public about the population affected by woman abuse (Drake, 1982; Lichenstein, 1981; MacLeod, 1987; Walker, 1979). These factors, however, may affect women's ability to leave abusive situations, or to view themselves as having alternatives to staying in abusive relationships, particularly when they are disadvantaged on several variables (MacLeod, 1987; NiCarthy, 1982; Pagelow, 1981).

Woman Abuse as a Health Problem

MacLeod (1987) indicates the pitfalls associated with focusing too much attention on the incidence of woman abuse, stating that "emphasis on incidence encourages us to simplify wife battering, to distance ourselves from it, to count it instead of understanding its complexities and the meaning of the violence for battered women, their children, and the men who batter them" (p. 6). The severity, complexity, and significance of woman abuse as a health problem cannot be overemphasized (Campbell & Fishwick, 1993). One American study of battering of women by their intimate partners proposed that physical abuse may be the most common cause of injuries to women in the United States (Stark & Flitcraft, 1988). Dobbie and Tucker (1990) and Nuttal, Greaves and Lent (1985) studied the phenomenon of woman abuse as a significant public health problem, and identified the profoundly negative impact of abuse on women's ability to engage effectively in self-care, child care, and sound decision-making in all areas of their lives, in addition to the more obvious and dramatic effects of severe psychological distress, physical injury, and even death. Jaffe, Wolfe, Wilson and Zak (1986), conducting a Canadian study comparing battered women to a control group from nonviolent families, found that physically abused women "had significantly more somatic complaints, a higher level of anxiety, and reported more symptoms of depression" (p. 628). In a study of health problems and health care utilization patterns of abused women in Edmonton, Ratner's (1991) findings strongly underline the multiple health problems and frequent use of the health care system that is the experience of the physically or severely psychologically abused woman. Ratner (1991) and Innes et al (1991) emphasize their conviction that "exposure to physical abuse and severe psychological abuse are primary health problems" (Ratner, p. 116), and decry the common focus of health care professionals on the direct, and generally physical, results of individual incidents of abuse, while overlooking the root cause of the immediate symptoms.

Herman (1992), writing about the survivors of psychological trauma, whether they are battered women, rape victims, concentration camp survivors, or political prisoners, attempts to explain individual's and society's preference for playing the role of oblivious bystander when faced with the phenomena of survivors and the burden of sharing their pain. Herman quotes psychiatrist Eitinger, "victims are something the community wants to forget; a veil of oblivion is drawn over everything painful and unpleasant" (p. 8). Health care professionals have this same tendency to avoid the pain of sharing human suffering, although as Herman indicates, frequently caregivers are not consciously aware of this avoidance.

A number of researchers have studied the responses of health care professionals and the health care system to the health problem of woman abuse. In a study of the medical experiences of forty-eight battered women who were living in a transition house (Tearmann Society for Battered Women, 1988), of those women who sought medical assistance after the most recent assault experience, 34.8% reported that the physician did not ask how physical injuries had come about, an alarming 52.6% were prescribed psychoactive drugs, and overall the women reported medical treatment to be "one of the least effective interventions in terms of ending abuse and improving their well-being" (p. 38). Pagelow's (1981) findings were similar regarding the over-medication of abused women, and cites the claims of Hilberman and Munson (1978) and Walker (1978) that "being tranquilized is the worst possible condition for any woman living with a violent spouse" (Pagelow, 1981, p. 70) Two nurse researchers, Lichenstein and Drake, interviewed battered women and reported disturbing findings about the effectiveness of health care professionals in caring for victims of spousal abuse. Lichenstein states "Medical agencies usually only treat physical injuries and do very little to prevent the problem" (1981, p. 241), and Drake indicates that "Health care providers seem to be more comfortable accepting spurious explanations than probing for the truth" (1982, p. 40).

Tilden (1989), Limandri (1987), and King and Ryan (1989) researched the factors which influence helping professionals', particularly nurses', responses to identifying and providing intervention for abused women. They reported that significant factors were the professionals' frequent lack of knowledge about abuse, self-protection (denial) through psychological distancing from clients, blaming the victim, feelings of helplessness, and aligning with the perpetrator, and "use of a paternalistic rather than empowering model of helping" (King & Ryan, p. 90). It is obvious that further education of helping professionals, with regard to understanding factual information and the social etiology of woman abuse, and to making the emotional connection with the experience of abusive relationships, is crucial in the future planning and provision of caring and effective intervention.

Explanatory Models

Pagelow (1984) proposes that the complex, multi-factorial, and contextual nature of abusive relationships is the primary reason why agreement has not been reached regarding explanatory models of abuse. Theoretical approaches by researchers attempting to explain family violence have been classified by several expert researchers in the field.

The most frequently cited classification system in the literature is that of Gelles (1980) which consists of three categories of theory: intra-individual or psychiatric theories, social-psychological theories, and sociological theories. Psychiatric theories focus on the characters of the abuser and the abused, viewing both as deviant, the perpetrator as psychopathic and/or sadistic and the victim as masochistic, and proposing that personality traits both cause and perpetuate abusive relationships (Reynolds & Seigle, 1959; Shainess, 1977). Social-psychological theories explain family violence in terms of environmental(social) factors and the interaction of individuals with their environment, including theories such as: "learned helplessness" theory (Walker, 1979) which is influenced by the work of Seligman, gender role socialization (Pressman, 1984), and the intergenerational transfer of family violence (MacLeod, 1987). Sociological theory is based on the inequalities or power imbalances in society, which are reinforced and perpetuated by cultural attitudes. Examples of the sociological model include the attribution of woman abuse to: the inequality of our patriarchal culture (Dobash & Dobash, 1979), and traumatic bonding (Dutton & Painter, 1985). Feminist theories of family violence would be included in this third category of Gelles' classification. According to feminist theory, woman abuse is the result of gender inequality and the imbalance and misuse of power both in our patriarchal society and in individual relationships (Campbell, 1981; Walker, 1979).

A more comprehensive and critical typology of explanatory models for family violence is presented by Hanrahan, Campbell and Ulrich (1993), incorporating five theoretical approaches: biological explanations, psychological explanations, social learning theory, sociological explanations and cultural explanations. Biological theory explains aggression through brain or hormonal imbalances, but overlooks social and environmental factors which may influence perpetrators of abuse. Psychological theories are approximately parallel to Gelles' 'intra-individual or psychiatric' typology and, according to Hanrahan et al, are weak in that they tend to place the blame for faulty child-rearing on the mother. Social learning theory proposes that abusive men learn to express their anger in violent ways from experience in their families of origin and that societal attitudes support this behavior (Bandura, 1979; MacLeod, 1987; Straus & Hotaling, 1980). This interpretation is critiqued by Hanrahan et al for the lack of evidence for a causal link and for the minimization of the effect of power imbalance in abusive relationships. Sociological explanations refer to the same set of theories in both typologies: the weaknesses indicated by Hanrahan et al (1993) in these theories is that they are at the "macrosociological level, and do not hold individuals accountable for their violent behaviors ... (nor do they) address immediate health concerns" (p. 23). The fifth category of explanations, cultural theories, are concerned with child-rearing practices, beliefs about women, and more general violence such as crime and war, but fail to suggest behavior-related solutions.

Hanrahan et al state that "biological, psychological, social, and cultural explanations of violence add to a growing body of knowledge about violence, yet none of the explanations alone answer satisfactorily the question of why violence occurs" (p. 29). Social learning theory and feminist theory underlie the more recent work of several researchers who have studied women's perspectives of abusive relationships and their experiences of deciding to leave abusive partners.

Women's Responses To Abuse

Walker (1979), a psychologist, used qualitative methods to interview physically, psychologically or sexually battered women, obtaining 120 full stories from women and partial stories from 300 more, finding a common pattern of a recurring cycle of abuse, which she described in three phases: the tension-building phase, the battering phase, and the honeymoon phase. Her landmark study revealed the terror, guilt, denial, compliance and passivity, immobilization, and confusion that living within the cycle of abuse involves for the victim, largely because she chose to focus on women's experiences of abusive relationships.

Psychiatrist, Herman (1992), found that battered women, like concentration camp survivors and war veterans, usually suffer post-traumatic stress disorder, the main symptoms of which come under three categories: "Hyperarousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; (and) constriction reflects the numbing response of surrender" (p. 35). A parallel can be seen between these more technical terms and the experience-derived labels for phases which emerged from Walker's research using the emic perspective. Graham, Rawlings, and Rimini (1988) described similarities between the situations and responses of hostages and battered women, in the development of Stockhom syndrome, "a positive psychological bond with their captors or abusers and an antipathy toward outsiders working to win their release" (p. 231).

Campbell (1989a, 1989b), Drake (1982), Landenburger (1988, 1989), and Lichenstein (1981) have all studied women's responses to abuse from the nursing perspective. Drake (1982) and Limandri (1987) specifically addressed help seeking behaviors of battered women and the facilitative and inhibitive responses of nurses as reported by the women who sought help. They both found that women seeking health care responded positively and with relief to being asked directly whether they were being abused, and with shame, guilt, embarrassment, withdrawal and/or non-disclosure to inhibitive responses by professionals.

Lichenstein (1981) found that women in abusive relationships reported staying with their partners because of economics and security (perceived lack of resources), and their fears of failure, of being alone, of parenting alone, of the unknown, and of what other people would think. Drake (1982) indicated that "trapped" was the word used by most of her subjects to describe the feeling of being caught in their abusive relationships, the feeling that "he had control over my mind" (p. 46). This finding was echoed by Landenburger (1989) who labeled the process of becoming involved in an abusive relationship as "entrapment", consisting of phases of "binding" and "enduring". Jarrar (1985) emphasizes the importance of taking a holistic approach to the analysis of women's reasons for staying in abusive relationships, to adequately reflect the complexity of the bonds and the barriers to leaving, supporting the comprehensive theoretical levels of analysis proposed by Morgan (1982) which are threefold: political issues (including resource and power perspectives), cultural barriers (including social pressures and support variables), and psychological factors (including fear, traumatic bonding, low self-esteem, ambivalence).

Landenburger (1988) explored the experience and the meaning of being battered with women who were physically or psychologically abused, and found evidence of two separate and conflicting realities which are lived by these women. She describes one reality as including the positive aspects of the relationship, which is a false 'reality' but one being continually reinforced by her abuser and others around her. The other 'reality' is true, the abusive aspects of the relationship are real, but they are unacknowledged by the abuser or herself. The woman lives a series of contradictions, with conflicting emotions, cognitive dissonance, and ambivalence. Greaves, Heapy and Wylie (1988) also emphasize the ambivalence experienced by a battered woman, proposing that prior to leaving, a change of some sort occurs in the circumstances of the woman, finally decreasing her ambivalence and allowing her to resolve the dilemma of whether to stay or leave. Ambivalence and conflicting realities are shown here in their powerful capacity to immobilize the abused woman.

Campbell (1989a) compared two theoretical models, grief and learned helplessness, and found them both to have significant explanatory power in their applicability to women's responses to battering. She compared battered women to a control group of women who were having serious but nonviolent marital problems, on variables believed to be common to grief and learned helplessness, such as self-esteem, self-care agency, self-blame, depression, and control in their relationships, finding that battered women experienced more severe physical symptoms of stress and grief more often than members of the control group. The application of the grieving model to battered women had previously been hypothesized by Weingourt (1979) in her adaptation of loss theory to outline the grieving process experienced by women who leave their abusers.

Women Who Leave Abusive Relationships

Reasons for leaving were explored by Greaves, Heapy, and Wylie (1988), Jarrar (1985), Landenburger (1989), Lichenstein (1981), and Ulrich (1989, 1991). The findings of Lichenstein and Ulrich, who studied physically battered women, indicated that threats to their own and/or their children's safety was the primary factor influencing the decision to leave, while Landenburger, who studied both physically and psychologically abused women, found that identification with other women and labeling themselves as abused formed the critical motivation for disengaging from the abuser and the abusive situation. Jarrar makes an important distinction in reporting that her findings indicated the three most frequent conscious reasons for leaving given by women were commitment toward no more abuse, fear of being killed, and giving up hope for change, thereby reminding the reader that self-reporting of experiences should be interpreted with realistic limitations in mind. Greaves et al (1988) caution that "battered women cannot be treated as an anomalous population" (p. 49) and that each woman's decision to leave seems to be based on a tenuous balance which is tipped toward leaving when the hardships of staying are perceived as less bearable than the uncertainties of leaving.

While these and other studies have been designed to answer questions or subquestions about why women stay in or leave violent relationships, very little attention has been focused on the experience of leaving an abusive partner, although this area has been recommended for further study by Innes et al (1991) and Ulrich (1991). Of all the studies found in this literature review, only Herman (1992), Landenburger (1989), and NiCarthy (1982) included the women's experiences after leaving, in their research.

Herman (1992), a psychiatrist, writes from the perspective of researcher and therapist, and has conducted extensive research with physically, psychologically, and sexually abused women. She stresses the importance of renaming the psychological reactions to severe prolonged trauma with a label which stops blaming and stigmatizing the victims, citing the destructiveness of such diagnoses as masochistic personality disorder, psychosomatic disorders, various personality disorders, and depression. Herman proposes the term "complex post-traumatic stress disorder" (p. 121) and from her research has conceptualized recovery a three stage process encompassing; the establishment of safety, remembrance and mourning, and finally reconnection with ordinary life. She emphasizes the non-linearity, complexity, and turbulence of the recovery process which is gradual rather than dramatic and involves every aspect of human functioning.

Landenburger (1989) studied a nonprobability sample of thirty women who were in, or had left, abusive relationships, using a triangulated design and employing both descriptive-correlational and qualitative methods. She collected severity of physical and psychological abuse data by using the Index of Spouse Abuse (Hudson & McIntosh, 1981). Landenburger interviewed her subjects using a semistructured, open-ended format, and states that she utilized research strategies from phenomenology (to develop her research question), from ethnography (to direct interview format and data collection), and from grounded theory (to guide data analysis) (p. 211), a blend which prompts the reader to question the congruence of Landenburger's underlying assumptions and her understanding of qualitative methods. From Landenburger's findings, she proposes four phases in the process of entrapment in and recovery from an abusive relationship: binding, enduring, disengaging, and recovering. The "disengaging" phase encompasses "labeling, seeking help, breaking point, and emerging self", and the "recovering" phase consists of "struggling for survival, grieving, and searching for meaning" (pp. 220-2). Landenburger realistically assesses the limitations and strengths of her study, cautioning the reader about generalizing her results, but also emphasizing the strengths of her research: the grounding in her data of the meaning of a lived experience of being abused, and the validation of the existence of a process by the women who participated in her study.

NiCarthy (1982) states "very little is known about what enables women to develop the strength to leave an abusive man and to create a life that is satisfying" (p. 245). She interviewed a small sample of nine women about their experience of "getting away" and targets her report of her study to other women who might leave abusive partners. Predominant themes NiCarthy found among the women's reported experiences were: loneliness and sadness for the first months after leaving, unexpected improvements in general health and sleeping habits, and surprise at their personal growth experiences beginning almost immediately after leaving.

The Concept of Leaving as a Process

Convincing support for the concept of leaving as a process was reported by Landenburger "the process of entrapment and recovery" (1989, p. 209), by Limandri "the process of seeking help" (1987, p. 10), by Ulrich "the theme of process described (by informants) as decision making over and over" (1991, p. 471), and by Weingourt "the grieving process" (1979, p. 45). Herman (1992), who has studied samples of the broader population of people who have survived severe psychological trauma, focuses on the commonalities between traumatic syndromes following different events, and discusses the "fundamental stages of recovery" and "the healing process" (p. 3). This repeated conceptualization of leaving as a process by researchers and by informants indicates that grounded theory, which assumes the existence of a process (Glaser & Strauss, 1967), is an appropriate qualitative method for the study of women's experiences of leaving abusive partners.

Gaps in the Literature

There are no reported Canadian studies of women's perspectives of their experiences of leaving abusive relationships. Since Canada's educational, health care, social services, and legal systems differ markedly from those of the United States where most of the studies of woman abuse have been undertaken, and since women's experiences of abusive relationships involve some if not all these societal systems, it is critically important to study this experience as it occurs in Canada.

The overwhelming emphasis of the research to date on woman abuse has been on the 'problem' aspect, the deficits and costs to society's systems associated with outcomes of abuse, the intergenerational transfer of abusive behavior, and the effectiveness of 'cure' and treatment for this population. Almost no attention has been given to studying the successes of women who have broken the cycle, the strengths which have enabled them to do so, and the healing process they go through as they recover from the experience of being abused. To benefit the women who are still in abusive relationships, it is important to be able to provide them with information about the nature of the leaving process, as well as the compassionate understanding, support, and appropriate interventions of the health care and other societal systems in facilitating this process. To achieve these ends information is needed about the experience from the emic perspective. The promotion of healthful living involves understanding not only of that which is problematic and needs treatment, but also the knowledge of which interventions are helpful, the individual strengths which are facilitative and should be reinforced, and the recognition of the tremendous power and process of natural human resilience which must not be impeded by well-meaning but misguided intervention.

Innes, Ratner, Finlayson, Bray, and Giovannetti (1991) in their recommendations for the future delivery of community health services related to woman abuse, emphasize the scarcity of "literature (which) discusses some of the emotions ranging from euphoria to grief, that women may experience after leaving their partners" (p. 32), and advise that priority be placed on conducting qualitative, quantitative and evaluative research on woman abuse. The numerous myths which are held by the public, professionals, and often by abusers and abused individuals, about relational violence (Pagelow, 1981; Walker, 1979) are still commonly believed and severely impede the response of nurses and other health care professionals in recognizing abuse and intervening effectively with the abused (King & Ryan, 1989; Landenburger, 1989; Limandri, 1987). Widespread publication of research involving the stories of women who have experienced this process is one powerful means of dispelling the myths, by replacing them with factual information presented in the contextual style which retains more meaning and therefore more potential for changing the beliefs of the reader. Ratner (1991) stresses the importance of sensitizing nurses in hospital and in community settings to recognizing and assessing for woman abuse (pp. 115-6), supporting a similar recommendation by Greaves et al (1988) "urge(ing) ... responsiveness to the perspective of battered women as subjects and clients (p. 49).

Questions which arose from the literature were numerous. Do women who leave experience a grieving process as suggested by Campbell (1989), Landenburger (1989), and Weingourt (1979)? Do they find new ways to explain their experiences and to replace their patterns of learned helplessness (Seligman, 1990; Walker, 1979)? Do the women who leave have some special quality of resilience? Do women associate success in the recovery process with self esteem or self efficacy? Is this a process of self-discovery or searching for meaning as proposed by Landenburger (1989)? These questions, combined with the identified gaps in the literature, resulted in the formulation of the research questions for this study.

III. METHOD

There is one best research method for answering each research question, and the significant criteria to consider in choosing the method are: the purpose of the study, the question(s) to be answered, and the nature of the subject(s) of the study (Field & Morse, 1985; Harding, 1987). In other words, the assumptions, purpose, and interest of the researcher drive the selection of method, and therefore must be congruent with the method chosen (Campbell & Bunting, 1991). This may be the most important clarification and decision in the research process, since the researcher is guided through subsequent decisions by the method selected (Field & Morse).

In this chapter, the design and methods utilized in this investigation, including the researcher's rationale for these decisions, are discussed in detail. The selection of qualitative methods and grounded theory techniques is discussed, as are the assumptions and the theoretical sensitivity of the researcher. Theoretical sampling, informant characteristics, data collection, and data analysis are fully described. Measures taken to optimize methodological rigor and ethical conduct of the research project are also presented.

Qualitative Methods

"In general, qualitative research methods focus on identifying, documenting, and knowing (by interpretation) the world views, values, meanings, beliefs, thoughts, and general characteristics of life events, situations, ceremonies, and specific phenomena under investigation." (Leininger, 1985, p. 5) Life events and human patterns of experiencing them are not predictable nor controllable, and can only be understood by investigating them from the perspective of social processes in the context in which they occur (Field and Morse, 1985; Glaser & Straus, 1967; LeCompte & Goetz, 1982; Leininger, 1985; Mishler, 1979; Rogers, 1970).

The focus of this study is on the everyday experiences of women in their real world as they leave abusive relationships. The researcher's purpose is to expand nursing knowledge in the area of the healthy functioning and resilience, rather than deviance and illness, of women who leave their abusers, an approach strongly endorsed by Rose (1990), "the profession of nursing is committed to the promotion and achievement of health, yet notably sparse is research that describes mental health or psychologic well-being, especially as it pertains to women." (p. 56)

Since little is presently known about women's experience of leaving abusive relationships and since the understanding of the emic perspective is of primary interest in this study, the researcher selected qualitative methods to answer the research question. The researcher's assumptions about knowledge underlie and are congruent with qualitative research methods. As articulated in the feminist approach to theory and research, these assumptions are: that women can possess knowledge derived from their experiences, that subjective data have validity, that research participants are the experts on their lives and experiences, that knowledge is derived from a holistic, relational, and contextual comprehension of reality, and that there are no distinctive boundaries between that which is personal and that which is political (Campbell & Bunting, 1991; Duffy, 1985; MacPherson, 1983; Parker & McFarlane, 1991). In keeping with these epistemological presuppositions, and congruent with feminist theory (Campbell & Bunting), the researcher has endeavored to base methodological decisions, including the development of the research question, on recognition of: the need to address research to questions which will help women, the validity of the women's understanding of their experiences as truth, and the belief that participants are partners in the research and should be included both in validation of the researcher's observations and sharing in the resulting knowledge. These principles lead naturally to selection of a research method which requires the researcher to ground developing theory in the data.

Grounded Theory

"The grounded theory approach is a qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon", from the data (Strauss & Corbin, 1990, p. 24). Grounded Theory relies on inductive reasoning in data collection and analysis, therefore precluding the researcher's imposition on the data of preconceived ideas and existing theory about the phenomenon (Glaser & Strauss, 1967). The goal of the Grounded Theory method is to derive theoretical explanation of reality by generating concepts and relationships between those concepts which emerge and are interpreted from the data collected about the phenomenon. Developed by Glaser and Strauss, Grounded Theory is based on the assumption that human behavior can be viewed as a social process, that is, human beings are in constant interaction with each other in their environment, and the world is dynamic, changing, and evolving, with individual human beings inevitably evolving through their experiences within that world.

Further, Grounded Theory assumes symbolic interaction between human beings, an underlying philosophical assumption of Strauss, who in turn was influenced by Blumer (1969), the developer of Symbolic Interaction Theory. Symbolic Interaction Theory includes three basic tenets: 1) that human beings can reflect on the meanings of experiences and events, over and above merely reacting to them, 2) that people attach symbolic meaning to themselves and their actions, and can revise or adapt their behavior by reflecting on this meaning, and 3) that human views and changes result from the interaction between human perceptions of self as a symbolic entity, and the perceived meaning of others in their environment, thus creating a dynamic social structure (Rock, 1982).

Grounded theory techniques were selected to guide this exploration of women's experiences of leaving abusive partners in the context of their life and world situations, and to discover theory which explains this experience. The research questions are congruent with the Grounded Theory assumption of human behavior as a social process. There is ample evidence in the literature, that the phenomenon of interest is indeed a process (Herman, 1992; Landenburger, 1989; Limandri, 1989; Ulrich, 1991; Weingourt, 1979). The researcher's beliefs about human interactions in general and the experiences of women recovering from abuse in particular, are compatible with Symbolic Interaction Theory, thus contributing to alignment of philosophical assumptions between the researcher and the study purpose, question, and method, and simultaneously enhancing the theoretical sensitivity of the researcher.

Theoretical Sensitivity

Since grounded theory techniques rely on creative and inductive reasoning by the researcher, the sensitivity of the researcher to the subtle meanings contained in the data are of central importance to the development of theory which accurately represents reality. Strauss and Corbin define theoretical sensitivity as the personal attributes of the researcher which include "having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't" (1990, p. 42). Glaser and Strauss (1967) indicate that theoretical sensitivity is a dynamic quality, being developed on an ongoing basis by the interaction of personal and professional experience, and exposure to the literature, with the temperament and personality of the researcher. Therefore no two researchers perceive or respond to the data in exactly the same way. Viewed as a vital component of the grounded theory method by Strauss & Corbin (1990) and Morse (1991), the creativity of the researcher allows for the discovery of new ideas and explanations which are then validated by the techniques of constant comparison of the data and further theoretical sampling. Campbell and Bunting (1991) stress the importance of reporting the researcher's unique background, since "the question and the interpretation of the "answers" are very much influenced by the point of view of the person asking the questions and analyzing the data" (p. 8).

The theoretical sensitivity of this researcher has developed through extensive reading in the research topic area, twenty-two years of varied professional nursing experience including work with abused women, and considerable personal life experience in dealing with loss and post-trauma healing. The researcher's view of nursing is reflective of the Rogerian science of unitary human beings (Rogers, 1970, 1988), a nursing paradigm conceptualizing human beings as irreducible, indivisible, multidimensional energy fields, which cannot be predicted from knowledge of the parts, and which are in continuous mutual process with their environmental energy fields.

Research Design

This study is an exploration of the process experienced by women who leave abusive relationships, utilizing grounded theory techniques for sampling, data collection, and data analysis.

Research Questions

The research question and subquestions are:

What is the process experienced by women as they leave abusive relationships?

a) What factors do women identify as facilitating or hindering this process?

b) How do abused women explain these facilitating and inhibiting factors to themselves?

The research design and procedures will be explained in detail under the headings theoretical sampling, informant characteristics, data collection, data analysis, methodological rigor, and ethical considerations.

Theoretical Sampling

Strauss and Corbin (1990) indicate that "in grounded theory one samples events and incidents that are indicative of theoretically relevant concepts" (p. 193) rather than sampling by number of informants or interviews. Informants are therefore not the sample per se, but rather the means to sampling and accessing the data. Stern (1985) states that a satisfactory sample consists of answers to the researcher's questions "until he or she is satisfied that a conceptual framework is developed that is integrated, testable, and explains the problem; in other words, the truth" (p. 154).

The population from which informants were recruited is women who define themselves as having left an abusive relationship (Appendix A: Criteria for Selection of Informants) as supported by Walker (1979), who stated that "Battered women themselves are the best judges of whether or not they are being battered" (p. xiv). As much as possible, the researcher attempted to assess each respondent through the initial telephone discussion for the qualities of a "good" informant, specified by Morse (1991b) to be someone who: "has undergone or is undergoing the experience ... is able to reflect and provide detailed experiential information about the phenomenon ... (has the) willingness to share the experience ... (and has) sufficient patience and tolerance to explain" (p. 132). Viewed retrospectively, all informants did possess these qualities, although this positive result may be due as much to good fortune as to the screening process.

The data were collected in one interview each with six primary informants and two secondary informants, and a secondary interview with one of the primary informants, for a total of nine interviews. The researcher interviewed the first three volunteers who met the inclusion criteria and agreed to participate as informants in the study. After two interviews were completed patterns began to emerge in the data, and after three interviews had been conducted and transcribed, the researcher paused to assimilate and begin analysis of the data in a broad-ranging, scanning, data-review process. As the researcher developed a preliminary understanding of the process and began to identify relevant concepts and categories of the emerging theory, the principles of theoretical sampling (Strauss & Corbin, 1990) were applied, including purposive selection of informants and direction of interview questions on the basis of clarifying and testing concepts which were relevant to the theory. Following the three initial interviews and preliminary analysis, three more focused interviews were conducted, after which all data were analyzed in detail. The process experienced by women as they leave abusive relationships was identified by the researcher and discussed with the thesis supervisor, then two new(secondary) informants were interviewed for the purpose of validating the theoretical process with the experiences of these participants. One secondary interview with an initial informant was also conducted to validate the researcher's interpretation of the data. Theoretical sampling augments and expedites the saturation of data (Glaser & Strauss, 1967), and it was found in this study that nine interviews with eight informants provided an adequate data sample for saturation of the categories and the development of an initial theory.

Eight informants (including primary and secondary participants) were selected from the twelve volunteers by the researcher screening the candidates during the initial telephone contacts. Of the initial twelve, two volunteers were not interviewed because of their distant location and the limited resources of the researcher for travel expenses. One volunteer was referred to counseling services for help with her legal and psychological concerns, when it was assessed by the researcher and mutually agreed by the volunteer that she was seeking assistance in a period of crisis in her life, rather than being genuinely interested in participation as an informant. The fourth volunteer who was not interviewed did not meet the criterion of being repeatedly abused (see Criteria for Selection of Informants, Appendix A), as she reported having left a new relationship after the only incident of abuse she experienced.

Informant Characteristics

Characteristics of the informants are described here to provide the reader with general information about the volunteers from whom the data were collected. A brief biographical data form (see Appendix F) was completed at the initial meeting with each informant, and aggregates of that data have been developed and presented here to protect the identities of the participants. All data were collected from informants living in the metropolitan area of one city. The following informant characteristics are presented in Table 1.

The criteria for selection of informants for this study included all women over the age of twenty years. The age range of the eight informants was 26 to 50, including: one

Table 1

INFORMANT CHARACTERISTICS

Characteristic	**Distribution**					
Age Range	26-30	31-35	36-40	41-45	46-50	
(Informants)	1	2	0	4	1	
Abusive Relationships	One	Two	Three			
(Informants)	4	3	1			
Time Since Leaving	1-3 years	4-6 years	7-9 years	over 10 years		
(Informants)	2	3	2	1		
Present Marital Status	Remarried	Separated	Divorced			
(Informants)	3	2	3			
Number of Children	None	One	Two	Three	Four	Five
(Informants)	1	1	4	0	1	1
Children with Informant	Not Applicable	All	Some	None		
(Informants)	1	2	4	1		
Financial Status	Self-Supporting	Partially Self-Supporting	External Support			
(Informants)	6	1	1			
Employment Status	Full-Time	Part-Time	Working In Home			
(Informants)	2	4	2			
Education Status	Junior High	High School	Post-Secondary Diploma	University Degree		
(Informants)	1	4	1	2		

participant in the 26-30 age bracket, two participants aged 31-35, 4 participants aged 41-45, and one participant in the 46-50 age bracket. Four of the eight women reported having experienced more than one intimate abusive relationship. All of the participants reported living outside of the abusive relationship(s) at the time of interview, with the length of time since leaving ranging from 1 year to 17 years, and actual years since separation being 1, 3, 4, 5 1/2, 6, 7, 9, and 17 years.

Regarding family responsibilities and economic status, considerable variation was noted among the informants. At the time of interview three of the participants were married to a partner other than the abuser, two were separated, and three were divorced. One of the informants did not have children; one interviewee had one child; four informants had two children each; one participant had four children; and one had five children. Of the eight participants, two had the children living with them, four had some of the children with them, and one did not have her children living with her. Six of the women interviewed indicated that they were financially self-supporting at this time, one was partially supporting herself, and one was being supported through external financial assistance. Employment status ranged from full-time (two participants), to working in the home keeping house (two participants), and included four informants who were employed on a part-time basis.

All but one informant had either completed high school or had undertaken post high school education. All expressed an interest in, and commitment to, further self-development, whether through formal education programs or self-directed learning. The highest level of education achieved by the participants was reported as: Junior High School (1), High School (4), non-University post-secondary diploma (1), and University undergraduate degree (2). Three informants were working on baccalaureate degrees at the time of the study, one of whom was working full-time and attending classes, while the other two were working part-time and going to school. Another participant was working part-time and taking correspondence courses. Three of the informants who were students were receiving financial assistance for education purposes in the form of scholarships or loans.

Data Collection

Primary data were collected over a period of three months, from late October, 1992 to early January, 1993. Validating interviews, three in total, took place in March and April, 1993.

The research design included two methods for the recruitment of informants: recruiting by bulletin board posters in several women's agencies, and advertising in a community newspaper. Several urban women's agencies were approached for, and granted, their permission to post the 'Advertisement for Informants' (Appendix B) within their agencies, including: a central educational office for a women's program, the meeting place for a women's support group, a shelter for women (not specific for abuse-sheltering), a resource center for women, and a second-stage housing program for women who have left abusive relationships. The recruitment approval process in one agency, while reasonable in length and culminating in approval being granted, extended longer than the recruitment of a more than adequate number of volunteers through the other four agencies, resulting in the researcher's decision to forego advertising in that agency.

Newspaper advertising was written into the proposal based on the success of that method by Landenburger (1989), Limandri (1987), and Ulrich (1991) reported in similar studies of abused women. This proposed alternative for recruitment was not implemented due to ample and early responses being received to the poster advertisements, and word-of-mouth information passed from woman to woman after one had either read the poster or been interviewed. Of the twelve volunteers who responded, eight indicated they were responding to the poster advertisement, and four reported becoming interested in participating through word-of-mouth contact with other women who had either seen the poster or been interviewed, the latter known as 'snowball sampling'.

Women who responded to the advertisement by telephone were assessed by the researcher for their suitability as research participants, according to the previously established Criteria for Selection of Informants (Appendix A). As the researcher is unilingual, only English speaking volunteers were eligible as informants, however no actual volunteers were disqualified on the basis of language spoken. Those women qualifying according to the criteria were given additional verbal information about the study and their potential participation using 'Information for Potential Research Participants' (Appendix C) as a guideline. The researcher asked each woman if she remained interested in participating, obtained her name, mailing address, phone number, and determined safety/convenience factors for future contact. Each volunteer was then informed that a copy of the 'Information for Potential Participants' would be mailed to her address, and that after reviewing it and deciding whether or not to participate, she could contact the researcher by phone. This additional step was included to allow the women to easily opt out of participation if they had 'second thoughts' after discussing the procedure and speaking with the researcher.

At all times the respondents were left in control of when and how contacts would be made by the researcher, to protect the confidentiality of their participation in the study, and against any possibility of retaliatory violence, as recommended by Parker et al (1990). All the women who received the printed information about the study did call the researcher and indicated they wanted to participate in the study. At this point a meeting time and place or an approximate date for future contact for an interview were mutually agreed. If agreeable to the informant the interview was arranged to take place at her residence, so that the contextual nature of the setting would be included in the researcher's observations. Six of the eight informants readily agreed to be interviewed at their homes, while two indicated a preference for another setting; one arranged to be interviewed at her workplace, another preferred a University building - both of the latter citing privacy and convenience as reasons for their preferences. In the study design, the alternate arrangement to in-person interview was telephone interview, however none of the potential participants indicated any reluctance/hesitance to meet the interviewer in person.

The consent of the informant and the biographical data were obtained when the researcher and the informant met for the first interview. The researcher introduced herself, entered the setting, and presented the informant with the consent form (Appendix D), encouraging her to read it through, and offering to answer questions or discuss any part of the consent form. Following discussion two copies of the form were signed by the informant and the researcher, and the informant was given a copy to retain. A short form seeking biographical data (Appendix F) from the informant was filled out by the researcher and informant together. During this time the tape recorder was turned on, lapel microphones and recording levels were adjusted, giving both the informant and the interviewer time to adjust to the taping of the interview. None of the informants objected to being audiotaped: only one indicated any nervousness with the recording and she stated that she had become much more comfortable with it after approximately fifteen minutes. Each informant was invited to choose the code name which would be assigned to the data from her interview, with the explanation given at that time about how the code name would be used in the written report, as specified in the consent form. The names chosen by the six primary informants were Emily, Anne Marie, Babette, Linda, Gert and Sarah, and the two secondary informants chose the code names Leilani and Dorothy.

Each informant agreed to participate in one to three interviews, each initially estimated to last about one hour. However it was found that at the end of one hour the informants were in the midst of their stories; when the researcher checked their fatigue level, they indicated willingness to continue. A pattern emerged across interviews, in that it took most informants about two hours to complete their story to a natural conclusion, also allowing the researcher adequate time to ask any additional or clarifying questions that arose.

An interviewing guide of open-ended questions (Appendix E) had been prepared by the researcher, and was placed in open view of the informant during the interview, but was seldom required, since the questions in the guide were usually covered by the informant in the natural telling of her story. All interviews were begun by the researcher with an invitation to the participant to "please tell me your story about leaving, it doesn't matter in what order, just tell me as it comes to your mind", and aside from active listening and encouragement, little further structure or stimulation was necessary, a technique described by May (1991) as "interactive interview(ing)" (p. 192). The experience of this interviewer, a novice in research interviewing, was that the informants readily took the role of teacher and the interviewer the role of learner, an approach to data collection which is supported by Stern (1985, p. 154) as being desirable and appropriate. As concepts and categories emerged and the conceptual framework was being generated from the data, subsequent interviews and questions became more focused and selective to obtain data which was relevant to the identified concepts and their relationships, as recommended by Field and Morse (1985). Without exception the informants' response to being interviewed was positive and ranged from comments such as "I'm really glad I did this" to the enthusiastic, although teary, "I have never had the opportunity to tell the whole story before to anyone, and although I feel drained, it is a wonderful relief to have you listen to me like that!"

The researcher made field notes about each informant contact immediately after exiting the interview, recording her observations about nonverbal behavior of the informant, characteristics of the setting, and interruptions or other factors noticed during the interview. Each audiotaped interview was assigned a code name, all real names spoken in the interview were erased from the tape by the researcher, and the audiotape was delivered to a transcriptionist.

Data Analysis

In Grounded Theory method, data analysis consists of coding - the process of breaking down the data from interviews and observations (field notes), generating concepts and categories from those data, and reassembling the categories back together as they relate to each other in the form of theory. Analysis and data collection are not undertaken as separate, discrete activities by the researcher, but rather as a circular process of almost simultaneous data collection, coding, theoretical sampling based on coding, and data collection again. (Glaser & Strauss, 1967; Stern, 1985; Strauss & Corbin, 1990)

Following complete verbatim transcription of the interviews by an experienced transcriptionist, the researcher listened to the interview tapes and checked the transcription, thereby preserving the contextual nature of the interview and ensuring accurate recording of the data. The transcription format included a half-page margin, enabling the researcher to code the data and write memos adjacent to the interview material. This proved to be a facilitative format, since initial and subsequent coding of the same material could be clearly tracked from memos written in the same location in the data at different times. The data analysis phase began with the first interview and continued throughout the research process, finding completion during the writing of the "findings" chapter of the thesis report. Analysis was found to be an ongoing and developing mental process of the researcher during, and between, interviews as well as during formal analysis of the data. When two initial interviews had been completed, the researcher began to discern some hypothetical patterns in the data: following transcription of the third interview, re-reading of the data, including the field notes, revealed the presence of recurrent concepts and the shared experience between informants of much of the process of leaving abusive partners. This recognition of recurring concepts, possible categories, and their potential relationship to each other in the process, allowed the researcher to focus on these hypotheses, using theoretical sampling to confirm, revise, and/or refine these ideas through further interviews. Following the completion of six full interviews, the researcher undertook a ten-day period of intensive analysis, a process which involved complete immersion in the data.

As recommended by Strauss and Corbin (1990), the researcher initially engaged in open coding: asking questions about the data, line by line examination of the data and constant comparison between all pieces of data for similarities and differences. Constant comparison involved the ongoing comparison of each piece of data with each other datum given by a particular informant: additionally the researcher engaged in continual comparison of data between informants, to check and cross-check the hypothesized concepts and categories as they began to emerge.

In axial coding, similar events and incidents were regrouped to form categories, as guided by Grounded Theory method. For example, what had initially appeared to be a category of "talking about the abuse", was refined into two separate categories, "identifying abuse" and "seeking validation", which both included more concepts than "talking about the abuse" and further captured the purpose of the "talking". This ongoing researcher activity of grouping concepts, and then regrouping them to create more refined theoretical explanation, was found to be a gradual and cumulative evolution with occasional sudden insights contributing to the theory development. During the axial coding activities a spread sheet was developed on which the researcher listed categories vertically and interviews horizontally, and entered supporting evidence from the data in the resulting cells on the spread sheet. This mechanism proved to be an efficient and highly visual tool for checking for saturation of categories, condensing and collapsing of categories, organization into and naming of process phases, and easy location of indicators in the data to facilitate the reporting of the findings.

The Basic Social Psychological Process (BSPP), leaving an abusive relationship, was selected by the researcher as the topic of interest for study, therefore the core category, *leaving*, did not emerge from the data as in classic Grounded Theory method, and selective coding served a verification function rather than a 'selective' one. Through selective coding the core category, *leaving*, was confirmed from the data, and clear relationships between the five categories were developed. The core category was intuitively apparent from the inception of the study, since it was quite evident that all other categories in the process would likely consist of activities either directed toward and contributing to, or resulting from the category of *leaving* the abusive relationship.

Data from the transcripts were coded until theoretical saturation of each category was reached, that is until no new information was being found, and the relationships between categories had been hypothesized and supported. (Field & Morse, 1985; Glaser & Strauss, 1967; Strauss & Corbin, 1990) This researcher found the theoretical distinctions between open, axial, and selective coding to be somewhat artificial, since in reality all three levels of coding were occurring in a circular, non-linear pattern of thinking during the intensive coding process.

Tools which were used by the researcher to assist analytical thinking throughout the process of data collection, analysis, and writing were: code notes -- the products of coding; operational memos -- directions to the researcher; theoretical notes -- theoretically sensitizing and summarizing memos; and diagrams -- visual representations of relationships between concepts. Code notes were written directly on the half page margin of the transcribed interviews, which proved effective in that additions and refinements of the coding were easily added and located as the analysis progressed. For example, the many examples of 'distancing' (a component of the third phase, *disengaging)* which occurred in the data as isolated concepts, were collapsed in several stages of analysis, and each refinement was traceable in the code memos, enabling the researcher to track and verify coding through constant comparison and comparison of the data across informants. Operational memos and theoretical notes were written on separate loose note papers, dated, and accumulated for later sorting prior to and during the writing of the report. Extensive diagramming occurred at every stage of analysis and writing. Multiple revisions and trials of explanatory diagrams were the most effective tools used in discussion of the emerging theory with the thesis supervisor and with colleagues.

Eventually the researcher was able to write an analytical outline, a conceptualization of the core category in relationship to the other categories (Strauss & Corbin, 1990), in the process experienced by women who leave abusive relationships. The analytical outline included a diagrammatic representation of the process, a list of facilitating and inhibiting factors identified by the informants and an outline of the phases with a brief description of the concepts and categories included in each phase. This outline was confirmed as fitting to their experience by two secondary informants and by one of the primary informants, providing evidence that substantive theory, grounded in the data and representative of the real world of human experience, had been derived.

Methodological Rigor

Many qualitative researchers (Field and Morse, 1985; Krefting, 1991; LeCompte & Goetz, 1982; Hall & Stevens, 1991; Rosenbaum, 1988; Sandelowski, 1986; Strauss & Corbin, 1990) agree that the standards for judging quantitative research, while relevant to research using qualitative methods, require modification to be properly and fairly applied to naturalistic inquiry, due to differences in purpose and design, and to the complexities of field work versus controlled settings. Krefting (1991) indicates that "Researchers need alternative models appropriate to qualitative designs that ensure rigor without sacrificing the relevance of the qualitative research", or finding it to be lacking (p. 215). Guba's (1981) model of trustworthiness, which is conceptually well developed and widely used (Krefting, 1991), is comprised of four attributes: truth value, neutrality, consistency, and applicability, and will be used to guide the following discussion of methodological rigor for this study.

Truth value, or credibility, is a measure of the confidence of the researcher in the truth of the findings (Lincoln and Guba, 1985). Measures to increase the credibility of the study included specific attention to the researcher, as data collection instrument, and to the truth value of the data obtained from informants.

Documentation is a primary tool to assist researchers in conducting rigorous qualitative studies, variously described as an audit trail (Lincoln & Guba, 1985; Rodgers and Cowles, 1993), methodologic and analytic decision trails (Hall & Stevens, 1991), a methodological log (Patton, 1990), field journals in ethnographic methods (LeCompte & Goetz, 1982) and memos and diagrams in grounded theory method (Strauss & Corbin, 1990). Thorough documentation assists the researcher to evaluate and report: the influence of the researcher as instrument on the truth value of the data collected, and the neutrality, or degree of bias, of the researcher in conducting the sampling, data collection, and analysis (Krefting, 1991; Lincoln & Guba, 1985). In this study, biases and assumptions of the researcher were acknowledged and controlled as much as possible by maintaining an audit trail: keeping a journal from the beginning of the research process, for the purpose of examining researcher thoughts, feelings and decisions; writing contextual field notes immediately following each interview; keeping code notes during analysis of data; writing operational memos throughout the research process; theoretical memoing; and evolving progressive diagrams of hypothesized relationships between categories of data. Tape-recording of interviews and verbatim transcription, noting of informants' responses to being interviewed, verification of transcribed material for accuracy and completeness, and regular discussion with the Thesis Supervisor about data collection and analysis problems, procedures and techniques, were further means of examining for observer effects.

Field and Morse indicate that "the researcher needs to demonstrate that the informants are credible ...(and) knowledgeable" (1985, p. 117), a requirement addressed in this study by: selecting informants based on their experiences of the phenomena of interest, asking the informants to use and explain their own definitions of abuse, using open-ended questions and clarifying techniques for interviewing, and facilitating the informants to tell their complete stories in the context of their own experiences. Establishment of rapport with the informants (Lipson, 1991) and the theoretical sensitivity of the researcher in 'listening' to the data (Strauss & Corbin, 1990) in the women's stories resulted in greater likelihood that participants felt comfortable in telling the truth. In later interviews the researcher's questions were more focused to check her observations from the data for congruence with the true experiences of informants. The researcher's use of the constant comparative method of data analysis strengthened truth value and confirmability of the data and the analysis since this method mandates letting the data speak, and comparing pieces of data to each other, within and between informants.

In qualitative research, consistency of the data and analysis is evaluated on the basis of dependability, recognizing that each human experience is unique, and therefore not replicable (Field & Morse, 1985), but rather includes "variability that can be ascribed to identified sources" (Krefting, 1991, p. 216). Measures taken in this study to enhance dependability were: checking for informant and researcher fatigue during interviews, inclusion of atypical situations in the findings (Krefting, 1991), coding and recoding of the data by the researcher, and seeking informant and peer review of the researcher's interpretations of the data (Field & Morse 1985). Review and validation by three informants of the analytical outline of the theoretical process, increased the researcher's confidence that "the researcher and the informants are viewing the data consistently" (Field & Morse, 1985, p.121). Hypothesized categories were validated by requesting another graduate student to analyze portions of two interviews using the categories developed from the researcher's analysis. This peer review resulted in general agreement between the researcher and fellow student on the fit of these data into the categories in the theoretical process.

In keeping with the purposes of the qualitative approach to research, this study is not intended nor designed to ensure applicability, or transferability, to other settings or to abused women in general, but rather to discover the unknown basic concepts and categories in the data and to hypothesize relationships between these categories. The method and informant characteristics have been described thoroughly, earlier in this chapter, to provide readers with the necessary information to compare these findings to the experiences of other women who leave abusive relationships. Future research will be required to confirm or verify the existence of the phenomena in the population.

Ethical Considerations

In this study careful consideration was given to protection of the confidentiality of the participation of informants and the data collected. Safety measures for informants and for the researcher were built into the design, and implemented in the research process.

Participants' contact with the researcher for this study was entirely on a voluntary basis, in response to a posted advertisement (Appendix B) in several women's agencies, which reduced the risk of informants perceiving or experiencing coercion to participate. The advertisement and the information given to the volunteer participants (Appendix C) were constructed in a simple, straight-forward, and factual manner to fully inform the respondents and to avoid using emotional leverage to encourage participation. The researcher asked each respondent when, where, and how she wished to be contacted in future, to ensure that contact was confidential and that neither she nor the researcher was at risk for retaliation from her abuser. Although this study involved women who have left their abusers, the researcher did not know the present circumstances of respondents and therefore was obligated to protect against potential threats to the safety of both the informants and the researcher. None of the women who volunteered for the study indicated any concern about their safety in being interviewed, although several were especially attentive regarding the ensured confidentiality of their participation.

The telephone line used by the researcher to receive contacts from the informants during the course of the study was installed with a silent number as an extra line into the researcher's home, since the posters (with the phone number) were being placed in public locations, and the researcher wished to protect her address and person from any form of retaliation. Only one 'crank' call was received by the researcher, from an individual who was quite verbally abusive about the conduct of research of this kind.

The researcher was prepared to give informants names and phone number(s) to contact for appropriate health care or other services (see Appendix G), if such a need was indicated or thought to be beneficial. The women who participated in the interviews were very aware of community resources from their own and others' experiences with various services, and beyond discussions about their frustrations with well-explored gaps in services, none of the informants required referrals.

The informed consent for participation (Appendix D), which was written at Grade 6.47 reading level, was discussed at the first meeting of the participant and the researcher. Each participant was informed about the researcher's procedures for guarding confidentiality of information which could identify her as an informant in the study. These procedures are described in full in the 'Information for Potential Participants' and in the 'Informed Consent Form': Appendices C & D). The researcher discussed the planned use of actual segments of the interview (without actual names) in writing the report. When using qualitative methods, the researcher knows the identity of the informants, therefore although confidentiality of data will be maintained, anonymity of the informants was not built into the research design. The informants were assured that knowledge of their identity will be strictly limited to the researcher. Each participant was informed that after the conclusion of the study, data (without names) will be retained in a locked cupboard.

Each potential participant was informed that disclosures of suspected child abuse or neglect would be reported by the researcher according to the Child Welfare Act (R.S.A., 1980), information that was also included in both the Information for Potential Participants (Appendix C) and the Informed Consent Form (Appendix D). The participants were informed that they could withdraw from the study at any time by notifying the researcher in person or by phone. No participants expressed the desire to withdraw from the study, although one interviewee did not respond to messages left for a second contact: this may have been an implicit withdrawal from the study.

Final ethical approval of the proposal for this study was received from the Faculty of Nursing Joint Ethics Review Committee, University of Alberta, on September 18, 1992.

IV. FINDINGS

In this chapter the research findings pertaining to the process experienced by women as they leave abusive relationships are presented. An overview and general description of the process of leaving, as identified in this research, are provided. The context of the informants' abusive intimate relationships and the five-phase process of leaving are described in detail and substantiated with actual statements by the informants excerpted from the data. To protect the anonymity of the informants, statements and observations of individuals are referenced by code names and all potentially identifying features have been changed or omitted. The integral relationship of the core category, *leaving*, to the other phases in the process is demonstrated.

The intervening factors, facilitating and hindering, as they emerged from the data, are summarized early in the description of each phase in terms of their influence on the women's progress through the process of leaving. The process is explored in terms of the conditions, properties and consequences of the phenomena as they appear in the data, thereby adhering to the context of the informants' stories for the explanation of the experience of leaving an abusive relationship.

Basic Social Psychological Process

Glaser (1978) states that Basic Social Processes (BSP's) are "fundamental, patterned processes in the organization of social behaviors" (p. 100), which "have two or more clear emergent stages ... give(ing) the feeling of process, change and movement over time"(p. 97). According to Glaser, a Basic Social Psychological Process (BSPP) is one type of BSP. Leaving an abusive relationship is a basic social psychological process (BSPP), in that progressing through the stages of leaving allows a woman to process the social psychological problem of living in an abusive intimate partnership. There are clearly stages, or phases, in the process, which explain a woman's progress over time, moving from the problematic situation toward choosing and implementing alternatives to deal with her problem. However the BSPP, *leaving*, did not emerge from the data as would be expected in classic grounded theory method, rather the researcher selected the basic social psychological process of *leaving* an abusive relationship, which became obvious in clinical nursing practice with abused women, as the topic of interest for this research. The existence of the BSPP is verified by the data, as will be discussed later in the chapter with the linking of the phases of leaving, and the demonstration of *leaving* as the core category of the process.

The Process of Leaving

The informants described their own experiences of leaving their abusive partners as being a process. Emily acknowledged that in retrospect she could clearly 'see' the process:

> Absolutely it's a process ... it goes on and on and on ... you see development as you go along, you certainly can't predict it ahead of time. I think some things are just serendipitous ... they just happen when you need them.

Babette indicated her belief that this is a process which doesn't ever end: "I don't quit learning ... I'll always be healing." In retrospect Anne Marie summarized her process of leaving her abusive partner very simply: "It was just a whole series of realizations." And Gert described her experience as a healing process consisting of noticing emotional cues, making connections, acquiring knowledge and stopping her silence.

The process of leaving emerged from the data not as a strictly linear, unidirectional, nor rigidly-staged progression, but rather as a circular, unfolding, and cumulative process occurring over a variable period of time (*see Figure 1*). For this reason the steps in this process are labeled 'phases', each phase consisting of a set of cognitions, emotions and behaviors which advance the process as women go through

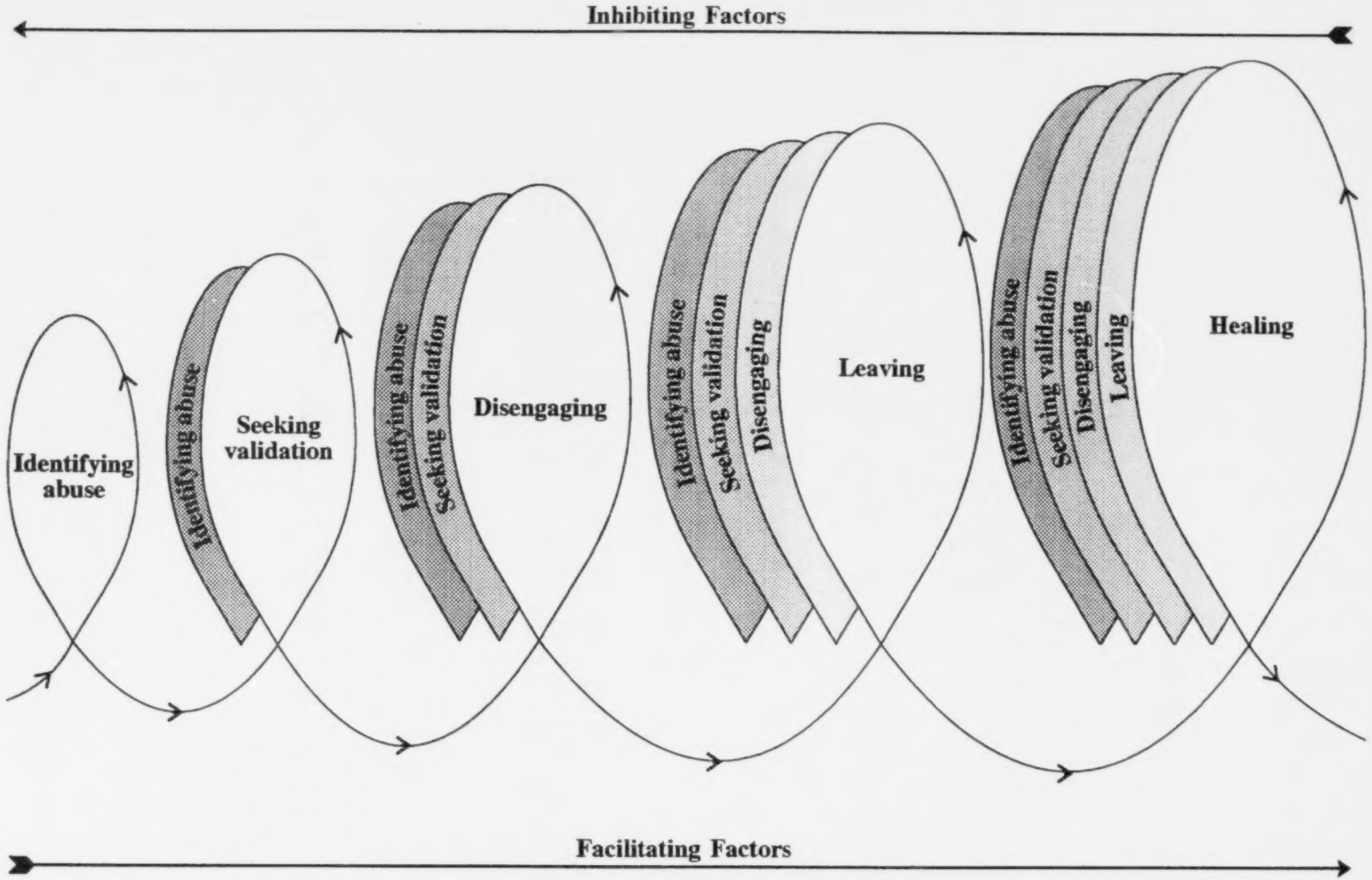
Inhibiting Factors
Identifying abuse
Identifying abuse
Seeking validation
Identifying abuse
Seeking validation
Disengaging
Identifying abuse
Seeking validation
Disengaging
Leaving
Identifying abuse
Seeking validation
Disengaging
Leaving
Healing
Facilitating Factors

Figure 1. The Process of Leaving an Abusive Relationship

their personal experiences of leaving their abusive partners. Empirical evidence of these advances is presented in the form of 'indicators' taken directly from the data.

In the context of this research report, the term 'advance' should not be understood to mean simple forward progress without impediments, interruptions, retreats or apparent regressions. For the women in this study, their circular experiencing of the process often included apparent relapses into less progressive behavior patterns, a pattern which ultimately appears to contribute to their overall advancement in the process of leaving. A common example of this pattern for abused women is leaving the spouse in times of crisis and returning when the crisis is past, sometimes many times, before the final decision to leave permanently can be reached. In the stories of the informants in this study, this repetition led to learning, and eventually to action, and for that reason these behaviors and cognitions are labeled 'advances'.

The process consists of five phases: *identifying abuse*, *seeking validation*, *disengaging*, *leaving*, and *healing*. A pattern is visible in the data where the women begin at phase one, *identifying abuse*, and eventually reach phase five, *healing*, but during the process women usually revisit previous phases many times in their cognitive, emotional and behavioral patterns. In one aspect of her experience a woman may be engaging in phase four advances, while simultaneously processing another aspect of her situation at the level of phase one.

Additionally each phase is circular in nature and consists of an accumulation of experience, awareness, and growth, which then provides the woman with momentum and information to facilitate progression in other phases of the process. For example, a frequently-described early advance in *identifying abuse* (phase one) was the recognition that it was not acceptable for her partner to hit her, usually followed by *seeking validation* (phase two) from someone outside the relationship, and eventually *disengaging* (phase three) from the abusive partner. However it was usually much later in the process that the same women began to identify the devastating effects on themselves of being continually psychologically abused, another phase one advance. The ensuing acknowledgment of the detriment and risks involved for herself and perhaps for her children (again a phase one advance) may act as a mobilizing factor, propelling her forward to another phase in the leaving process.

There is a strong sense of building momentum, and of increasing mobilization, as each woman's story progresses. At the beginning of the leaving process, the advances come slowly, but as the woman's advances in each phase begin to accumulate, her search for alternatives and her move toward action accelerate. The pictorial model of the process indicates this momentum and accumulation of advances in the progressively increasing size of the spirals depicting each phase (*see Figure 1*). The circular motion indicated by the arrows in the spirals is intended to convey the sense of motion, of being propelled by each additional advance.

The revisiting of previous phases, although perceived as repetitive by observers and by the women themselves, is pictured not as a return to previous phases, but as a set of reverberations in the current phase of experience, which is stimulated by movement in the spiral of the current phase (*see Figure 1*). This notion of reverberation is illustrative of the amplification and deepening of the women's' understanding as they re-explore previously covered material from the perspective of the phase currently being experienced. This re-exploration of previous material does not move the informants back to a prior stage of the process to repeat exactly the same phase again, but rather allows them additional advancement in processing that material at a deeper level.

Intervening factors which facilitate the process may be seen as forward-moving forces, 'going with' the direction of the phases. Intervening factors which inhibit the process can be viewed as forces which move counter directional to the process, which 'go against' or resist the momentum of the spiraling phases, thereby impeding the forward progress.

Phases of the Process

Each of the five phases of the process of leaving an abusive relationship is presented individually, beginning with a statement defining and describing the phase. The set of cognitions, emotions, and behaviors which characterize that phase is described and illustrated with indicators from the data. A summary table of these components of the phases are presented in Table 1. A summary of the intervening factors experienced and recalled by the informants is presented. Linkages of each phase with the other phases in the process will be included in the later discussion of the core category, *leaving*. This separation of the phases is conducted for ease of discussion only, and is not intended to portray a reductionistic perspective of the process. In reality for any one informant the phases occurred in an interrelated, complex, and often concurrent pattern, rather than in discrete steps.

Context of Informants' Abusive Relationships

Women qualified as informants for this research project if they were at least twenty years old, spoke English, and defined themselves as having left an abusive intimate relationship. The abusive relationships of interest for the purposes of this study were those in which repeated physical, psychological, or sexual abuse of a woman by her intimate partner endangered her survival or security (see Appendix A). All of the six primary and two secondary informants in this study described the abusive relationships they left as being psychologically, emotionally, and physically abusive. In four cases severe financial abuse was also described as a component of the partner's abusive behavior. None of the participants disclosed sexual abuse by their partners, and the researcher's open-ended questions related to the process of leaving did not, and were not intended to, further explore this aspect of the nature of the relationship. Four women disclosed one previous abusive intimate relationship, three had been involved with two abusive partners, and one had experienced, and left, three abusive relationships.

These women described their lives with their abusive partners as being dominated by fear, ambivalence and confusion, deep shame, low self-esteem, guilt, and isolation. Babette experienced profound constriction of the normal range of feelings:

> I lived in fear. That's the only two emotions I felt ... fear and guilt ... I was motivated by fear. Everything else was numb. I was afraid he'd kill me ... he always threatened to shoot me ... and I believed he would do it.

The women discussed their beliefs that the abuse was what they deserved, that they wouldn't be abused if they were better people, and that their abusers were correct to blame them. Emily said simply: "I never was a good woman." Sarah's spouse told her continually that she was stupid and crazy: "I accepted what he said as being the truth ...". And Dorothy said: "I knew I was being abused, but I knew I deserved it too, with my drinking and doing drugs."

Most of the women talked about the tremendous power imbalance between themselves and their abusers. Sarah's spouse was "smarter", well-off financially, more educated than herself, and a professional to whom she looked up. Emily's husband was older, more experienced, very bright, with a powerful personality. Babette's partner "had all the answers, and convinced me he could correct everything that was wrong with me". Leilani, Dorothy, and Anne Marie talked about the considerable advantage in physical strength and power held over them by their partners.

The informants felt caught in the turmoil of ambivalence and confusion in their day to day lives, knowing at some level that this was not the way they wanted to live, but trapped by the regular reinforcement of their perceived helplessness and inadequacy by the behavior of their partners. In a fashion similar to the other informants, Linda expressed her confusion and ambivalence:

> I had so much hate for him, and I still really wanted to be with him ... I loved him a lot ... and I would think ... 'How dare you hit me?' ... and then I would think, 'Well maybe I deserved it'.

Health problems experienced by the women during the abusive relationships were varied and frequent including: severe weight gain or loss, acute and chronic depression, anxiety, insomnia, extreme tension, inability to concentrate, feelings of deadness or numbness, extreme irritability, heavy use of cigarettes, alcohol, and other drugs, venereal disease (transmitted from abusive partner), and the direct effects of being physically beaten. All the informants talked about being too ashamed and embarrassed to confide in others about the abuses occurring in their intimate relationships, and about their fears of rejection from friends, family and professionals if they admitted what was really happening to them.

Throughout these relationships the women clung to the belief and hope that their partners would change, things would get better, and that the women themselves could help their partners to change. In a statement typical of the informants, Anne Marie said:

> I remember thinking, if I work with him and help him, he can change ... and then, if I just worked harder, and if I just gave more, that I could make it work out.

For all of these women something began to change; something occurred which made an impact on their acceptance of recurring abuse as their lot in life. Each woman reached a point where she began to ask questions of herself about her intimate relationship, her happiness, and the pattern of her life. This 'turning point' was not clearly identifiable for some, while for others it seemed to be quite obvious.

Phase One - *Identifying Abuse*

Identifying abuse emerged in the stories of all the informants as the initial phase in the process of leaving. *Identifying abuse* refers to the women's internal processes of acknowledging to themselves that they were abused, and does not include identifying themselves to others as being in abusive relationships. The informants used various terms to label their experiences of gaining this awareness, including: "recognizing", "realizing", "identifying", "admitting", "acknowledging", "understanding", and "suddenly knowing". *Identifying* is selected as the umbrella term for these expressions.

Intervening factors

Intervening factors which affected the women as they began the process of leaving their abusive relationships were evident in the women's description of those relationships. Factors which inhibited their processing of this life situation were: the constriction or numbing of their emotions, immobilizing fear, guilt, self blame, shame and fear of rejection, low self esteem, perceived helplessness, health problems, isolation, and clinging to their idealized images of marriage and family relationships. Factors which facilitated them in beginning to process their overwhelming problems were: fear and awareness of risk to themselves and their children, awareness at some level that their lifestyle was not justified or 'good enough', extreme unhappiness, success experienced at any activity, and anger and loss of respect for their abusive partners.

Indicators in the data

The *identifying abuse* phase is indicated in the data by three sets of cognitions, emotions and behaviors which advanced the participants toward admitting to themselves that they were being abused:

acknowledging that partner's behavior is abusive,
acknowledging the effects of the abuse on themselves, and,
acknowledging reality versus 'the dream'.

Acknowledging that partner's behavior is abusive. Most participants talked about struggling with defining abusive behavior, and deciding what was abuse as opposed to normal conflict in intimate relationships. Babette said:

> I recognized the (physical) aggression with other people but it was never directed at me, and I wasn't getting hit so I didn't recognize the emotional abuse or the scars.

Sarah reflected on leaving her second abusive relationship:

> I was mad, but I couldn't see that he was very, very abusive ... it's not that I couldn't see, I don't think I was educated to know (what abuse was).

Emily expressed her confusion about labeling her partner's behavior as abusive:

> I needed an objective kind of reason ... it really wasn't all that frequent, and yet I had been hit, thrown on the floor, choked ... I've been raped inside my marriage ... but I still didn't quite believe it ... they weren't good enough reasons.

A commonality amongst the informants was their retrospective reflection that they had known at some level that something was wrong in the relationship from near the beginning. Emily described this as having "a kind of knowledge inside" even before she was married that his treatment of her was "not right", though she didn't identify it as abuse at that time. The unacknowledged emotional abuse from Babette's partner was a pattern in their relationship from the beginning. Sarah noted that even at the start of her third abusive relationship, she was very uncomfortable with 'things', such as his rigidity about money, and not giving her enough space, but she said she just didn't pay much attention to it.

Most of the women indicated that in retrospect they could see how they avoided admitting to themselves they were being abused. Dorothy termed her lack of acknowledgment of the abuse her "denial", and said: "He promised it wouldn't happen again, so I knew it wouldn't." Babette remembers vividly clinging to her hope: "... things will get better, things will change ... I lied to myself constantly."

There was considerable variance between the informants regarding: the length of time they were in the relationship(s) before acknowledging to themselves that their partners' behavior toward them was abusive, the triggering event(s) which seemed to precipitate this realization, and the gradual versus sudden onset of the acknowledgment. Emily said:

> I had been married for a number of years ... I knew the marriage was on the rocks. I went to see a film "To A Safer Place"... and a panel discussion after ... the film was very moving, and one woman on the panel stood up and started to talk about her life ... how it felt for her (to be abused), and totally unexpectedly I realized that that's exactly what I felt like ... she talked about (feeling) you were a non-entity as a person ... and I just cried and cried and cried, right there. It was so sudden ...

For Anne Marie the realization was more gradual, but earlier in the relationship, and strongly influenced by the friend of a friend who gave her a concrete example to compare to her own situation:

> She never told me to leave but she related to me a previous experience in which she had left ... it wasn't physical abuse, it was more emotional, but I was starting to see the parallel ... I could see that my relationship was going nowhere,

then later on:

> I started to realize how many lies I was being told, how I was being manipulated ... I started to notice some of my personal belongings gone ... I began to realize that I wasn't important to him, it was my money that was important to him.

Linda, who at the time of the interview had recently left her abuser (relative to other informants), still expressed confusion regarding what behaviors qualified as abuse. She believed her parents misjudged her partner when they disapproved of him for calling her insulting names from the beginning of their relationship, and states that didn't seem abusive to her, but:

> Three weeks after our wedding is when the abuse started ... we were at another wedding and he slapped me across the face (in front of) all of his friends.

Linda made a further distinction between what was 'acceptable' abuse that she could tolerate, which she defined as all the times he hit and kicked her but she felt she was strong enough to 'take', and the abuse which was absolutely intolerable to her when he beat up on her knowing she could be pregnant:

> Like ... I can handle you beating me up, but if there's an unborn child there ... uh uh ... touch my kid, that's it!

Among the women interviewed, a significant pattern emerged where confusion and ambivalence about defining and labeling the abusive behavior they had experienced were more pronounced for those women who had left relationships most recently, while those who had lived more years since separation from the last abusive partner spoke with clearer definition and greater certainty about labeling abusive behaviors. The women acknowledged this growing clarity themselves in statements such as Babette's, referring to realizations gained long after she had left her abuser:

> It took me years to realize that those subtle put-downs were as abusive and harmful to me, or maybe more so, than the hitting ...

This is one example of strong evidence in the data for the circular nature of the process of leaving, and of the tendency of the informants to revisit phases of the process with the consequence of progressively deeper understanding of their experiences.

Acknowledging the effects of abuse on themselves. Once they acknowledged that their partners' behavior was abusive, the women were able to move forward to considering the effects of the abuse on themselves. Gradually they began to be aware of the relationship between the abuse and their own low self-esteem, the numbing of their feelings, negative impacts on their health, and their overwhelming unhappiness.

Most of the informants related the efforts of their partners to undermine their self image and to objectify them when they went out in public. Anne Marie said:

> He always called me 'his girlfriend' or 'his woman', never calling me or introducing me by my name. I didn't feel like I had worth as a person but as an object. He had my opinions of myself so low by the time I actually left ... just by all the little criticisms, so much that I could never imagine that another man would look at me and see me (as) attractive ... I was so unhappy, but I was afraid of the consequences of doing anything about it.

Babette recalled her gradual loss of interest in her appearance and her 130 pound weight gain due to her partner's emotional abuse of her and his violent responses to her 'getting fixed up':

> Whenever I did anything that would make me feel better or if I was feeling good about myself, the abuse would get worse ... so I just stopped caring about it, and downplayed my looks a lot, and I still (six years later) haven't gotten that back.

Leilani described her repression of her feelings and the effects of this deadening on her physical health:

> I just became really submissive ... but I acted it out physically. I starved myself, I smoked tons of cigarettes, I had this really blank look on my face. It was like I was dead already. I had no identity ... I turned it over to this person ... just being completely manipulated by him.

The erosion of their self-esteem and self-efficacy from continually being denigrated and threatened, as well as physically abused, was so insidious, so convincing, and so immobilizing that only the experience of sharply contrasting images of themselves seemed to stimulate the women's awareness that they still retained some competence, attractiveness, and individuality. For some of the women this stimulus consisted of suddenly being confronted with the risk to themselves and/or their children, such as a marked increase in the violent behavior of their spouse. For others it was the experience of unaccustomed or unexpected success at some activity. Babette was aware for years that she was emotionally abused and deeply unhappy, but became more conscious of risk as her spouse became more and more threatening, telling her in graphic detail about his plans to kill her. Then her oldest daughter disclosed his sexual abuse of her over a ten year period, and Babette was faced with the stark knowledge of terrifying risks to herself and her children.

For Emily the experience that made her realize there was something good about her after all was success as a mother:

> Something I did well was have a baby, and I did it very well ... I spit my baby out before the doctor got there ... she was so beautiful ... and they have such faith in you ... that little girl (with tears welling) ... she saved me ... it was such an empowering experience.

For several women this awakening to the effects of the abuse on themselves came more gradually and was not clearly a result of any specific experience that they could recall. Some of the informants recalled this being the point where they started to lose respect for their spouses, to lose hope that things would change, and they began to feel anger toward their partners, like Sarah who said:

> I was starting to just boil with anger ... I was so angry all the time I could hardly talk ... I was like a volcano ... and that helped me, protected me, gave me the energy to start doing something about it.

Emily also noted the empowering effect of being angry:

> When I lost respect for him, that's when I started to be able to maintain that anger and that knowledge that it would never be the same again.

Leilani knew she felt the anger, but suppressed any outward expression of it:

> I was afraid to keep that anger, or show it because if he saw that anger in me he would use it ... telling me to "smarten up" or hit me in the head and tell me to get that look off my face ... "you don't have any say here" ... so I turned the anger inside.

All the informants talked about the gradual deepening of their awareness of the effects of the abuse on themselves. This acknowledgment came piece by piece to them, and most believed that they were still learning about these effects at the time of the interviews.

Acknowledging reality versus 'the dream'. When informants began to acknowledge that their partners' behaviors were abusive and that those abuses had detrimental effects on themselves, they were moved toward confronting the illusions they held about the nature and potential future of their relationships. In the interviews most of the women talked about 'the dream', 'the fairy tale', or 'the fantasy', of living in a 'happily ever after' kind of marriage. Each of the women held her own version of the dream. Emily said:

> It was the dream that you had when you get married, the ideal marriage ... where people try to stay together, to be closer to each other, rather than fractured apart.

Anne Marie remembered how she "...fantasized about a positive future, where we would have this happy life and family," but eventually, having acknowledged his abusiveness, "I think I also realized that the way I wanted to be loved was not going to happen in this relationship." Linda recalls her thoughts after a particularly violent and humiliating beating:

> I shouldn't be here. He shouldn't be doing this to me. This is no way to live. Marriage shouldn't be like this. You're supposed to be happy in marriage. You're supposed to have your up's and down's but not like this.

Sarah suppressed her unhappiness for a time to hang on to the fairy tale:

> I pushed it, I pushed it down. I wanted this big happy family. And we're in this beautiful house, and it has a swimming pool ... and just everything's hunky-dory ... but I'm terribly unhappy, I'm totally miserable.

Identifying the difference between the dream and reality was a long slow learning process for Anne Marie:

> It took me months and months to start realizing that a good love relationship is not something that comes out of a fantasy and storybooks, but it's something that you have to work at and that you both have to work at, and for me to realize that I couldn't do it by myself.

Emily still carries some ambivalence about letting go of the fairy tale marriage, and after several years of separation still hasn't pursued a divorce: "I think part of me still doesn't want to acknowledge the death yet of that dream."

For these women acknowledging their reality versus the dream was itself a process which occurred over time. The cumulative effects of labeling their partners' abusive behavior, acknowledging the effects of the abuse on themselves, and recognizing reality versus the dream, was progression in their internal processes of identifying the abuse they were experiencing. The most significant outcome of *identifying abuse* seemed to be the liberation of the informants from taking all the blame and responsibility for the abusive relationship. Anne Marie stated:

> I think the more I started to know that something was wrong with him, and that I wasn't the one to blame ... it wasn't all my fault, then I started to be able to make better decisions for myself.

This more realistic perspective enabled the women to advance in the process of leaving, and to muster the courage to seek external validation about healthy versus unhealthy intimate relationships.

Phase Two - *Seeking Validation*

Seeking validation is the second phase experienced by the informants in the process of leaving their abusive relationships. *Seeking validation* refers to the efforts made by the women to obtain confirmation from others of their own definition and labeling of abusive behaviors, of their own worth as individuals, and of the fact that abusive relationships are not 'normal' or acceptable. They sought external validation through interpersonal exchanges with family, friends, professionals or other influential people, and/or through books, films, print or electronic media. Motivated to seek this confirmation by their own progress in identifying the abusiveness of their relationships, the women also made themselves highly vulnerable when they reached out to others. In *seeking validation*, support and affirmation, they also took the risk of being rejected, humiliated, disbelieved, and stigmatized. The response(s) they received held the potential for confirming their realization that the abuse in their relationships was not deserved, acceptable, or 'normal', or conversely, for impacting negatively on their self esteem and self efficacy, and impeding their progress in seeking healthier lifestyles.

Intervening factors

Inhibiting factors identified by the informants in their experiences which emerged as the second phase of the process, *seeking validation*, were: shame and embarrassment at being the victims of abuse, anticipation and fear of rejection, low self esteem and self worth, and their knowledge of the social stigma of being abused. Factors which facilitated them in *seeking validation* were: the availability of anyone they could trust and approach, previous experiences of being believed and affirmed when mentioning their abusive situations, resources such as films, books, etc. about abuse, and their children's responses to the abuse of their mothers.

Indicators in the data

The *seeking validation* phase is indicated in the data by two sets of behaviors:

talking to someone, and

gathering information about abuse.

Talking to someone. Feelings of shame, embarrassment, and unworthiness, as well as the fear of rejection, were painful barriers to talking to someone else about the abuse the informants were experiencing. Talking to someone else meant letting another see their pain, fear and humiliation. All the women held the expectation of negative reactions from anyone they told, as exemplified by Emily:

> I didn't tell anybody. It's so hard to tell ... so embarrassing. I talked about leaving him, but not about the abuse.

Sarah didn't tell even though she thought her friend might know about her situation:

> I think she always sort of suspected that it was quite an abusive relationship but I just didn't really level with her, so it was like I was living in my ivory tower, very isolated. I wasn't sure that she could ... understand or accept me that way.

Gert emphasized the key importance to her, and she believes, to others, of talking about abuse:

> Words are very important. As long as there is silence you won't have change ... these patterns (of abuse) only happen in silence ... they continue in silence. Silence is any kind of place in a relationship where there's no information, ... no knowledge, ... no connections, ... no patterns recognized.

Anne Marie discussed her relief at finally being able to talk to a friend and the ways in which her recognition of various abuses by her partner was facilitated by her talking:

> The realizations started before (I started to talk) but they were always kind of beaten down. I was thinking them, but to actually come out and say them ... it felt good to tell somebody that this is what I feel and it felt even better to have them say, well, that's how I felt too.

Anne Marie and Emily both expressed their need for someone to listen when they finally began to speak about being abused, and to confirm that it was abuse, but not to tell them what to do or give them advice. Emily said:

> I wanted somebody to say, to identify this as being what it was. But I heard so many times, "Well, each relationship is different ... whatever is acceptable for you is okay ... it depends on how you feel". That's a bunch of bullshit ... all you feel is confused!

Babette did not break through the barrier of silence until after she left her partner. She felt that since she was a bright woman in a responsible position, other people would think she should know better than to be in an abusive relationship. This shame and anticipated stigma kept her from talking about the abuse. However the unconditional support and acceptance of one key friend made her life bearable after she left her abuser:

> She never ever made me feel that she was tiring of being there for me. I have other friends who were very supportive but then they were tired of hearing the same things all the time and I think they wanted me to get over my fear of him and they didn't think it was real ... but she could always be there for me, and I didn't have to feel guilty about getting her to come over.

Most of the informants felt let down by, and resentful of, those family members and friends who acknowledged that they had thought the relationship was not healthy, but didn't want to say anything until after the women had left their abusers. Anne Marie said:

> They admitted to me later when I had left him ... they had known he was mistreating me in various ways ... and everybody kept their mouth shut

> and never told me. Some of the people who I had considered good friends, it hurt me to realize that they had known and not said anything.

Children had an especially strong effect on these women in validating the unhealthiness of their marital relationships, and the unhappiness created by the abuse. Emily identified her daughter as a key factor in moving her toward the decision to leave:

> My daughter begged me to leave. She said, "Look, I'm beginning to hate him. Don't make my little sister go through what I had to go through.

Professional contacts were other avenues where the informants sought validation. Sarah felt strengthened and affirmed by a female physician whom she visited with complaints of depression, "She said to me, 'You're not depressed, you're just stressed ... You're in a real abusive relationship." Informants reported numerous other situations where they attempted to talk about their experiences of abuse with professional people, and were rejected or dismissed. Linda went to a hospital after a violent episode:

> At the hospital I said my husband and I had a fight ... my husband beat me up. The doctor there was no help though, he shrugged it off and said, "that happens in marriage all the time".

Emily sought support from numerous health professionals over the years, and usually found they avoided her questions:

> During the marriage the health professionals would never tell you this is abuse and you should not put up with this ... I wanted, I needed somebody to say, to identify this as being what it was. I heard so many times, well, each relationship is different.

Several of the women sought counseling for themselves and their partners together, often pressuring the abusive partner to attend with them, in a desperate attempt to have the problems in the relationship acknowledged. The commonly reported outcome of these counseling sessions was disclosure by the women in what they believed to be a safe setting, with severe escalation of the abuse by their partners later. Leilani reported both her relief at being validated by the counselor and the retaliation she suffered in consequence:

> I went one time with my second (abusive) partner to (counseling) and I talked about the abuse ... I don't really remember what I said ... and the counselor said to him "Well you can't expect to treat your wife that way and have her be responsive to you" ... and he (partner) got up and threw the chair, and started acting out in there, and I almost felt happy because someone else gets to see this ... I'm not crazy, it's not all me. And then when we went home he abused me so bad that I never went back.

In spite of this retaliation, the affirmation that the abuse was not acceptable stayed with her, moving her forward in the process of leaving.

Gathering information about abuse. Some of the women *sought validation* by reading books, hearing other women's stories through movies, speakers, and other media, in addition to or instead of talking to other people. Gert termed this "self-education", which she pursued as an alternative to talking to others, including professionals, whom she felt had failed to give her the knowledge and validation she needed. She started reading extensively when she had lived several years with her second abusive partner:

> (There is) a lack of help for women who go through this kind of trauma ... there just isn't a proper understanding ... I've used the library services as much as I could ... I wanted to know what was wrong with me and why my life was not going the way I wanted it to.

Validation by reading meant in part for Gert that she discovered that her life wasn't hopeless, that she could change her behavior, and that she could begin to make other choices for herself. Gert also described an occasion where she and her husband were watching television together:

> There was a talk show on psychological abuse of women, and my husband ... said, "I do that to you don't I?" ... That was the first time he really said it so directly and with total recognition that he did that to me but, you see, I permitted him to do that to me too so it was a two-way thing.

Emily had the experience (cited earlier in the chapter) of viewing a film, followed by a panel presentation about abuse, in which she recognized suddenly and dramatically that she was abused:

> The speaker described it exactly, what I felt like ... being a non-person ... at that point I realized that ... I wasn't required to stay in a marriage like that ... there was an external ... or an objective kind of reason ... an external criteria by which I could say "I'm not required to stay because putting up with abuse is not something that is required of me."

Emily and Linda both expressed the validating effects on their own self-esteem of performing well and receiving good marks and positive feedback in the educational programs they had entered while still living with their abusive partners. Anne Marie, who entered her educational program after leaving her abuser, contrasted her present healthy self-esteem and confidence which she attributes to her academic success and the support and encouragement of a loving partner, with her feelings of unworthiness, unattractiveness, lack of intelligence, and low self-esteem when she lived with her abusive partner's constant belittling and criticism. Anne Marie reported the further reinforcement of her abusive partner's treatment of her, by the acceptance of those behaviors in their circle of friends:

> You didn't feel you had worth as a person but as an object and his friends also reinforced that. I was never an individual in my own right. They lived a very different subculture than what I was raised in ... they had not been treated well by their parents ... they had no respect for family ... nothing was sacred ... the girls just thought it was acceptable too, and if I

> would ever be complaining to them, they really didn't understand what I was getting at. It was just acceptable.

Seeking and receiving *validation* from one or more sources strengthened the women's growing awareness that abuse was not acceptable and that they did not deserve it nor were they bound to continue to live with the abuse of their partners. This awareness moved them forward in the process by providing them with some internal affirming messages to compete with the negative messages they constantly received from their partners. And some of the women began to recognize and express their anger. The next phase of their experience was *disengaging* from their abusive partners.

Phase Three - *Disengaging*

Disengaging emerged from the data as the third phase in the process of leaving an abusive relationship, and followed closely the women's advances in *identifying abuse* and *seeking validation.* The term, *disengaging,* was not used by the informants, but was selected by the researcher to comprise the experiences described by the women of detaching themselves from their abusive partners. *Disengaging* refers to the women's efforts to view themselves as separate from their partners, and to begin to make decisions and take action based on their private acknowledgment, reinforced by external validation, that their relationships were abusive and that they were no longer willing to passively accept this way of living. The consequence of being in the *disengaging* phase for almost all the informants was that the violence and abuse by their partners escalated.

Intervening factors

Conditions described by the women which influenced their progress through this phase of the process of leaving are evident in the indicators from the data which follow. Facilitating factors included anger at the abuser and at being abused, fear of the abuser, perceived risk to self and children, increasing severity of abuse leading to clearer recognition of risk, and the support of others who have validated the unacceptability of the abusive behavior. Inhibiting factors which presented barriers to the women in the *disengaging* phase were immobilizing fear of the abuser, numbing of the women's feelings which also immobilized them, and the lack of resources such as finances, and an alternative place to live and be safe from the abuser.

Indicators in the data

Indicators in the data for the *disengaging* phase could be categorized in three sets of behaviors, cognitions, and emotions:

distancing,
weighing alternatives, and
challenging the power imbalance.

Distancing. Distancing includes the ways in which the women began to acknowledge and hold on to the anger they felt toward their abusers, and the ways in which they started to pull away from their partners emotionally, sexually, and by taking less responsibility for the relationships.

Emily told how she had begun to understand her own pattern of reaction to the abuse, and her decision to change that pattern:

> I treated him like dirt towards the end but ... I had so much anger. You know what anger does for you? I think that anger keeps that person distant from you ...I needed to keep him distant 'cause I was really afraid that I'd get angry and then I'd soften and let him back in cause that always happened ... At the time you say "I'm leaving, I'm leaving. I'm going to go at this point in time or when this is all over and this part of my life is done, at Christmas time ... I'm going to leave him", and then you get there and it's all softened up again and it's not quite ... your determination has left. I think that this time I was determined that I was not going to let that happen so I needed to maintain that anger in order to make sure I didn't get hooked into it again. I was just terrified that I would. I still am, I think.

Sarah was aware that her anger was always there, simmering, but she also felt the need to be careful, to protect herself from the consequences of letting her anger show too much:

> There's always these emotional upheavals, I'm reacting to everything now that my partner does and I'm getting really careful ... I'm watching his moods all the time ... if he yells at the kids, then I fix it so that he won't yell ... if he's doesn't like supper then I fix him whatever but as I start to think about moving I'm getting madder and madder, and I don't want to listen to him too much anymore, but I know I have to be careful.

Most of the women reported distancing themselves sexually and emotionally from their partners. Anne Marie's partner became increasingly unpredictable and angry when she would refuse to have sex with him on demand. Leilani believed she didn't dare refuse to have sex with her spouse, but distanced herself from the sexual act:

> I never wanted him sexually, period. I wouldn't allow myself to get in touch with feeling sexual or feelings of my own sexuality. I wouldn't allow myself to give away that because an orgasm is giving away one more piece of myself to you and I'm not going to do that.

Leilani also viewed her distancing behaviors as lying to her partner, protecting her most sensitive self from him by not telling him the truth about her feelings or her desires.

Several of the informants gained large amounts of weight during the time they were being abused, they acknowledged this reduced their attractiveness, and it could be questioned if this was also a means of sexual and emotional distancing from their partners. Fantasies about the death of their partner, about divorce, and about some other outside person or event ending the relationship, were common during this phase. Closely related to distancing from their partners was their weighing of alternatives within and to the abusive relationship.

Weighing alternatives. The informants weighed alternatives by assessing their outside support, weighing the risks of staying versus leaving, collecting information about alternatives, and preparing to leave through saving money, clothing, phone numbers, etc.

Babette recalled hearing another woman's story while she herself was in this phase of the leaving process. The woman told her about running away from her abuser, from city to city, for a period of many years, and Babette, who had been wondering if she should drop out of sight completely when she left her partner, rejected that as an alternative:

> I made my decision right there, I'm not leaving (the city). If he's going to find me here, if he's going to kill me here then let it be here ... but I'm not running for years.

In making this decision Babette was balancing her fear (and risk) against her right and the right of her children to a stable home.

Linda explored her alternatives for financial support of herself and her child after she left:

> I checked with Social Services and applied. They said "Sorry, we cannot help you until you leave the situation. You have to leave. You have to be gone from the actual abusive home for 48 hours and then we will help you." ... so here I am worrying about being able to get an apartment, no money, I have to leave everything I own behind with this person, and what about my daughter, I can't just leave without planning anything for her ... I just wanted to make sure I had plans ... things looked after before I left ... and then society wonders why women stay ... why don't they look at what the alternatives are?

Sarah made her plans to leave and began accumulating her resources, but found herself unable to take action on leaving, due to paralyzing fear, ambivalence, and low self-esteem:

> I'm thinking all the time I have to get out of this. So I contact a couple lawyers and they say, "Get your hands on some money and get out." I don't have any money cause I'm not working, so over a period of about ten months I saved the family allowance and I kept ripping money off of the

> grocery money and pretty soon I have $600, $700. Then it was just sitting there and I'm thinking I should be going, but I'm not really acting on it. I can't make that move.

Facing the reality of the risk to self and to children was a significant step for most of the informants in weighing their alternatives. For most there was a turning point where the risks of staying could no longer be ignored or suppressed. Anne Marie described her balancing of the risk of staying versus the hardship of leaving in this way:

> It had been mostly pushes and shoves and more of the verbal, emotional abuse than physical, but at the end it was physical and I knew that if I didn't get out that I was going to be in trouble, so I went to a friend ... then a few nights later ... he was drunk ... and then the phone calls ... and he said he had a Winchester rifle ... "and do you know I can blow a hole in you the size of a basketball?" I hung up ... I was in shock ... then he phoned back "if you leave me I'll ruin you financially for the next three years" ... and this time ... I finally phoned my parents ... In about half an hour he (father) was there with my mom and a U-haul trailer ... at five-thirty in the morning.

Added to the distancing behaviors and the weighing of alternatives which characterize the *disengaging* phase, is a third set of behaviors categorized as challenging the power imbalance.

Challenging the power imbalance. The ways in which the women challenged the power imbalance within the abusive relationship were often newfound behaviors, actions they might have suppressed earlier in the relationship, but were now finding the courage, the self-esteem, and the anger to express as some evidence of their power. As with the other behaviors in the *disengaging* phase, challenging the power imbalance often resulted in escalating abusive behavior by the partner. Retaliating versus 'giving in' to abusive incidents, confronting the partner rather than being completely compliant, telling his friends about his abusive behavior, and 'checking up' on his activities, especially with regard to employment, money, and/or other women, are ways the informants challenged the power imbalance. In some instances it may also be that leaving the abuser, then returning to him, could be a form of challenging the power imbalance.

Babette talked about 'fighting back' when the abuse would start:

> Like he would demand that supper be on the table at four thirty, and he didn't care if I was at work or what. But I still wouldn't do it no matter how scared I was ... another time he tried to put me in the closet, but I ended up taking myself out of the closet and put him in there ... one night we were fighting over the drugs (he was using)... and he went and picked up a chair and hit me, and my twelve year old son defended me, but then he was hitting my son, so I took off to go phone the police ... because he was always intimidated by the police ... and I insisted they remove him ... and every time he tried to hit me I'd have him removed ... but then I'd numb it and after a while I'd go back or I'd let him back.

Eventually Babette's partner began threatening to kill her, and telling her in graphic detail how he would do this, instilling her with terror by demonstrating his potential for violence in many instances.

Anne Marie challenged the power imbalance shortly after she moved out by going around to all his friends and telling them exactly how he had been treating her and threatening her:

> That was my way of venting my anger ... it felt really good ... it was like, there! I showed you! I think it was my way of showing those friends that I had some self-esteem and some power.

Emily exhibited some of her power by withholding her forgiveness from her spouse for his abuse of her:

> He's always telling me you have to forgive in order to truly heal, but I said bullshit. He really pushes that, I think he really wants to be forgiven, but I refuse to excuse him at least at this point.

The *disengaging* phase with its empowering effects for the women themselves, and its threatening effects on their abusive partners, and therefore the potential for increasing violence and danger to the women and their children, was a tension filled and accelerating experience for the women. Although the women did not initially describe this phase as a period of rehearsing for *leaving,* some of them confirmed that their distancing behaviors and challenging the power imbalance did serve as a rehearsal for them, when asked by the researcher if this was so. The increasing tension, risk and fear also provided momentum for making the decision to leave.

A critical event or insight occurred for most of the informants, at the end of the phase of *disengaging*, where a turning point was reached and suddenly the decision to leave was clear and translated into action. For six of the eight informants, this turning point was directly related to the immediate and serious nature of threats to their safety. For Babette, this turning point occurred with the combined impact of her daughter's disclosure of sexual abuse by Babette's abusive partner, and the terror of his graphic threats to shoot her. For Anne Marie, the critical event was her partner's intensified physical assaults on her, along with threats to kill her. To Emily the turning point seemed to coincide with her realization that her husband was never going to make the effort to support her and her children, and her ensuing loss of respect for him.

Phase Four - *Leaving*

Leaving is the phase in which the woman chooses to stop living in an abusive relationship and removes herself from the abusive situation. It is critically important to view this choice and commitment to leave, not as a single phenomenon or primarily cognitive step that these women could have taken at a different place in their processes, but in the context of the whole process and dependent on the knowledge, experience, emotional growth, effort and momentum which have accumulated throughout the other phases of the process. To view this particular phase of the process as an isolated event would imply that the stigmatizing myth that 'women can/should choose to leave if they don't like the abuse' was true. *Leaving* is the core category(phase) of the process, and will be described as such and integrated with the other four phases later in this chapter.

Intervening factors

The progress made by the informants in the phases of *identifying abuse*, *seeking validation*, and *disengaging*, prepared and enabled them to make the difficult choice to leave. *Leaving* an abusive relationship is an active, traumatic, often terrifying, and memorable life event for the women who experience it. This is the most visible phase in the process of leaving an abusive relationship, in that the woman's *leaving* is apparent to family, friends, and co-workers, although only some of the women acknowledged to others that the relationships they were leaving were abusive in nature. This visibility, and their need to explain their *leaving* to others, were barriers which the women had to overcome to take this action. As may be seen in the indicators from the data which follow, *leaving* required tremendous courage in the face of other significant inhibiting factors such as threats from the abuser, ingrained and long-standing fear, lack of resources including finances and accommodation, lack of social support, low self-esteem, and shame and stigma. At the same time, in most cases the abusers' increasingly violent threats/behavior and the women's very real fears of harm to themselves or their children acted as enabling forces which propelled them into and through the *leaving* phase. Anger was also cited by some of the women as a profound enabler to facilitate making this life-changing decision.

Indicators in the data

The *leaving* phase is comprised of three sets of behaviors, cognitions, and emotions:

taking action,
living through today, and
letting go.

Taking action. Taking action entailed moving out of the abusive situation. Anne Marie had gone to stay for a couple days with a friend after a particularly violent episode, and her partner began phoning her, and driving around and around the house where she was staying:

> So finally I decided I would talk to him (on the phone) and he said, "You're leaving me, aren't you?" I said no, I was just very angry and wanted some time to think. He kept accusing me of sleeping around, which I hadn't been doing ... then he said he had a Winchester rifle and, "Do you know I can blow a hole in you the size of a basketball?" ... it hit me like a brick ... I hung up on him, and then he phoned back and he said, "You know, if you leave me, I will ruin you financially for the next three years." And I hung up again and this time I phoned my parents ... my Dad ... we had had a very strained relationship over the years because I was living with (partner) ... and I said "I need to move, I'd like to move home." And he said "I'll be right there". In about half an hour he was there with my mom and a U-haul trailer and I don't know where they ever got a U-haul at five thirty in the morning. Of course we didn't have boxes or anything, so they had green garbage bags and laundry hampers and we went over to my apartment and we loaded up everything. He (partner) wasn't there at the time ... I was really afraid of a conflict between my dad and (partner). It wasn't until I got into the safety of my parent's house that I told them what he had threatened me with. He still didn't leave me alone ... he was driving around my parent's house.

Linda called the police and enlisted her parent's help in moving out with her small child. Sarah enacted her plan to leave after months of saving family allowance cheques and 'cheating' on grocery money, by getting her own apartment, arranging a mover, and moving out with her child while her husband was at work. Dorothy took her children and went to a women's shelter for safety. Babette described her experience of taking action this way:

> Every time I threatened to leave before, he would take everything away from me ... my paycheque ... he would make sure I had no money at all ... and he'd say, "You can't take anything." So I'd end up staying, but then finally one night I said "I don't care, you can keep it all. You can have the

> car. I'm leaving." He said that I couldn't take our son, and I said, "Fine, you can keep him too."
>
> And we walked out and that was the hardest thing. We went to my mother's place, and that night I was sitting in a corner in a fetal position and I just cried and prayed all night. I couldn't sit in front of a window ... he threatened to shoot me ... he had threatened to shoot me through a window, and I always visualized that. I prayed to God and I said "If this is the right thing, if you want me to leave and I have to leave my son to protect my daughter then take some of the pain away. Make it easier."
>
> And the next day I phoned my son at school and asked him to get me a dress and some shoes. Later my son phoned me back and said "Don't even come near here." He (partner) had taken a power saw and an axe to everything. He completely destroyed the condominium. Our family portraits, he had cut my eyes out and my mouth and my daughter's as well and he even destroyed all my high heels. All my dresses and blouses had been stabbed, like where my heart would be. He destroyed every piece of clothing ... there was nothing left.
>
> So I took my children and went to a women's shelter. When I was in the shelter, I remember sitting on the bed ... everything had happened so fast ... I had the strength to take him because of his act (her emphases)! The night before that I was a defeated woman and I didn't have the strength to fight for my son, and less than 24 hours later here I was. I didn't have anything, but I didn't care because I had the strength to fight him. I knew then there was nothing he could do ... we were never going back. But I was still scared, I was still fearful for my life.

'Taking action' was a two step undertaking for Dorothy who was addicted to alcohol and drugs when she went to a women's shelter after a particularly severe episode of physical and psychological abuse:

> They (staff at women's shelter) talked to me about having to get straight before I could leave him ... that I couldn't do both at once ... I could see that they were right ... so for me getting straight became a means to an end ... getting straight was how I was going to be able to leave.

Although each woman's experience of 'taking action' was unique, all were characterized by intense fear and emotional pain. For all the informants the period of time following 'taking action' was also painful and deeply stressful as they forced themselves just to keep going and concentrating on 'living through today'.

Living through today. Living through today comprises the women's experiences immediately after moving out: dealing with intense, complex and conflicting emotions including grieving the missing partner; living with continuing threats and abusiveness from the partner; and, persevering with activities of daily living including making a living and establishing a new home.

Confusion, self-doubt, and ambivalence were experienced by most of the women after they left. Linda said:

> I was very confused. That's what it was like when we first separated. I had a lot of hate for him. I loved him a lot. There weren't only just bad times, there were good times too. I was terribly angry with him for hurting me, but I felt bad for leaving him the way I did ... I wish we could be back together.

Emily found that it took time to believe that she was really out of the relationship:

> It came very slowly ... realizing that I was out ... but I was frightened of getting hooked back into that relationship. It's the ultimate horror to me, getting hooked in again, so I think that's why I maintained this anger and distance.

Like many of the informants, Anne Marie described her terror and feelings of helplessness with the continued threatening behavior of her partner in stalking her, after she had moved out:

> I thought something has to be done ... I can't live like this. I phoned the police and sure enough someone had been tampering with one of the windows on my parent's house. And my parents were away. I thought I need to get a restraining order or something. I got set up with a lawyer though my neighbors and we went to court and I got a peace bond, but he (abusive partner) didn't keep the bond.

Alternating with the continued threats and abuse, some of the women dealt with the pleas of their partners to return to the relationship, described typically by Sarah:

> I had gotten an unlisted number, and I didn't think he knew where we were, but then within a few days he shows up at her (daughter's) school gym class. He's all in tears, and he's feeling so bad and it's just so terrible, and he said, "Oh please, please call off the divorce. Please call off the lawyer." So I call off the lawyer and then he (spouse) is voluntarily paying me some maintenance and support ... and because it's voluntary, he's got me where he wants me again. At the end of every month I have to beg and plead for a cheque and he'd make me sort of grovel. And then one day he pushes his way right into the house, and he's angry now and he wanted to tell me that this couldn't go any longer because he just wasn't prepared to pay out this money any more.

Most of the women reported grieving the lost relationship, still feeling attachment to their partners and missing the 'good times', at first acutely. Emily said, "I think part of me didn't want to acknowledge the death yet of that dream." Anne Marie remembers trying to stay away from her abusive partner, but getting phone calls from him and being followed by him:

> I was so upset and constantly in turmoil ... I thought I was starting to lose it, so I went and saw my doctor ... and she asked if I wanted to see a psychologist ... so I went and the only thing he was concerned about was that I was trying to end things but I wasn't saying 'goodbye'... he said "You have to cut the ties, and it may not be just with him, it may also be with the friends who are giving him your phone number" ... but I didn't really want to cut the ties with the friends because that was my life and I didn't want to have to start over, but what he said made sense so the next time he(abuser) called I basically said how I felt, how I felt I had been used and abused over the years, and how I wasn't going to put up with it anymore, that I never wanted to see him again, that I didn't wish him bad things but that I didn't want him in my life anymore and goodbye ... and I never did hear from him again.

Babette said:

> I don't know if I've ever quit loving him even now ...and I've often thought that ... I was grieving silently, crying silently for it (relationship) but it was two months before I did that ... I became very silent and withdrawn from everyone ... I still worked, and I still did the things I had to do but I

> remember doing a lot of thinking on my own in the evening ... I'd get the kids to bed and then I just needed to be alone.

Like many of the informants, Linda remembers, misses and regrets the loss of the happy times with her abusive partner:

> The good times were wonderful ... when we were a family doing something, going out to dinner and to a show, going out for a walk in the park, all those little things that we did together, sitting down at home and watching a movie ... they were nice times, quiet times.

For each of the women, learning to be alone again, (or alone with their children) was a significant adjustment. Anne Marie reminisced:

> I got my own apartment after a while, and I began to realize that one of the reasons I hadn't left him for all that time was that I was so afraid of being alone. So I had to prove to myself that I could do it.

Persevering with earning a living, making a new home, and dealing with financial and parenting burdens by themselves was a significant challenge for the women particularly during this time of emotional turmoil. Many of the women expressed anger and disappointment with 'the system' for letting them down when they needed help and support. Gert said:

> There is a real lack of help for women who go through this kind of trauma and there just isn't a proper understanding, and how do these women know how to help themselves ... I'm afraid you might get a lot of emotion when it comes to explaining to you how I feel about professionals who are part of the problem and not part of the answer.

Babette experienced severe financial difficulties with trying to support four children on her own, a situation made much worse by bureaucratic barriers and discrimination against abused women:

> People treat you differently once they find out about the abuse ... it's hard because it's like racism ... you have a hard time proving it, but there seems to be an attitude where some people seem to think you must be stupid to have allowed that (abuse) to happen ... they don't understand the fear ... like I had to have a phone, but he (spouse) had destroyed everything, phones too, at the condo, and when I went to get a phone hooked up, I couldn't get it until I paid all those damages ... I still have four kids that have to go to school ... and I still don't have anything and yet I've worked all my life.

Living through today took all the energy and resources of the informants for the months following their moving out of the abusive situation, but gradually they began to engage in letting go of the abusive partner and relationship.

Letting go. The last set of behaviors, cognitions and emotions which advanced the women in the phase of *leaving* were categorized as 'letting go', and comprised: dealing with the loss of emotional intensity and physical tensions which had characterized the relationship, carrying out symbolic and/or legal actions representing the end of the relationship, and identifying themselves as separate from their partners.

Several of the informants discussed their sense of being addicted to the intensity of their emotions in interaction with their abusers, and the physical feeling of needing to do something, and feeling the loss of the chaos and excitement of the abusive relationship. Dorothy described this as:

> I only knew two ways to be ... the rush and excitement, the adrenaline of those intense emotional feelings ... or being numb. It's hard to describe, but I had to get used to not having that chaos, it was like a physical addiction.

And Gert believes that knowing about this physical response to abuse is a key to learning how to live in a non-abusive relationship, and expressed her anger that women are not being taught that this is part of leaving an abusive relationship:

> I feel that the answer's here and it's available but it's not being used ... that makes me really angry ... see it's like post traumatic stress disorder, but one of the things about post traumatic stress disorder that nobody's really going to tell you is the physiological part, that you're going to experience feelings in your body that have no explanation in the here and now ... irritability, anxiety, very unpleasant feelings and they are a body state which become a mind state ... there's confusion and the woman does not know why she's feeling that way so ...(she's) left having to deal with the physiological effects of abuse with no knowledge. Now I know what it is when the physiological effects are taking over your body it's going to make you feel like going back into the same situation, creating the same kinds of patterns, ...(but) if we can stand still and get through that spell, the body state will go away and we will not perpetrate more of the pattern while we are in that state. It's not an easy thing to do but if there's knowledge, if you are aware ... you know you can do it.

Sarah in describing her emotional experience, noted:

> There was never any flat line ... just really up and down ... and then (after leaving) to just feel sort of peaceful and everything, I would feel really agitated and that seemed really strange to me and it took quite a while ... just to feel good with knowing there doesn't have to be intense feelings one way or the other .

Letting go took the form of planning and/or carrying out symbolic actions for some of the informants. Legal proceedings (divorce) seemed related to these actions in that divorce was a symbol of finality to the relationship. Emily confided:

> I've got my wedding dress upstairs ... in a corner ... I'm going to burn (it) one of these days ... it's going to be a ceremony all by myself in a field somewhere cause I don't want to invite anybody ... I have this vision of me doing it by myself, burning it when the divorce is final ... and then take back my maiden name.

Sarah found expression for her anger in a symbolic gesture, an activity she experienced in a women's support group:

> I can remember doing this exercise, he was a pillow and I killed him ... I actually just went completely berserk and was pounding him and telling

> him directly what I disliked about how he mistreated me ... and my hands are really strong and I strangled him ... and then after that some of that anger was out and I could start feeling some of my other feelings.

All of the women experienced some form(s) of identifying themselves as separate from the abuser, as individuals again, during this 'letting go' period. Emily said:

> It's coming very slowly that I realize that I am out. I am free of the relationship. I am out even though he said that "you will never be free of me".

Sarah described finding out about her separateness from him:

> For quite a while (after leaving) I would be very ambivalent in my feelings and now I can just say that I don't have a lot to do with this person and it is almost ... it's unreal that I was ever married to him or he was ever part of my life. Like who is this guy anyway? Who is this? So it's like now I know myself ... and I know him ... and this is the kind of person I don't want to be around.

Leilani referred to a book she had read by Nellie Beatty on 'the language of letting go', and how it helped her to see:

> ...how to carry on with life after we've been through so much, and not to see ourselves as victims, just to carry on with life and just see this as our past ... not to forget about it, but use it as an event that we work with today ... it's really powerful stuff.

The advances made by the informants through the turmoil and activities of taking action to leave, living through today, and letting go, moved them toward *healing*, the last phase in the process of leaving an abusive relationship.

Phase Five - *Healing*

The *healing* phase is lengthy (most informants believe it is life-long), gradual, painful, and satisfying. In this phase the women begin to appreciate their own strength and resilience in having learned through and survived the experience of living in, and leaving an abusive relationship. The term, 'healing', was used by many of the informants as they talked about their recovery from their experiences of abuse and their appreciation of this new level of wellness and wholeness they were finding in the process. Of the eight women interviewed, seven had, in the opinion of the researcher, moved into the phase of *healing*. At the time of the interview the eighth woman was experiencing primarily fourth phase changes.

Intervening factors

As in all the other phases of the process, each woman found that some conditions in her life helped her move forward in *healing*, and other factors slowed her progress. Inhibiting conditions identified by the informants in this last phase of the process were primarily their own residual negative thoughts and feelings about themselves. *Healing* was inhibited by low self-esteem, unexpressed anger, deep-seated fears, numbed emotions, guilt, and the messages they had internalized from their abusers regarding unattractiveness, stupidity, unworthiness and poor parenting skills. Financial hardships remained an inhibiting factor for some of the women at the time of the interviews. Other barriers to *healing* were the social stigma of having been abused and the resulting fears of rejection by others which were still inhibiting factors for all the women interviewed.

Having made the decision to leave the abusive relationship and successfully taken action on that decision restored some self-esteem and self-efficacy for the informants and facilitated them in moving forward in the process. Other facilitating conditions for *healing* were the successes the women experienced in work, education, friendships, and parenting, and the support of the people around them as they created new lives for themselves. Resources such as women's groups, psychotherapy, and reading materials, especially self-help books, were identified as powerful enablers for *healing*. These inhibiting and facilitating factors are apparent in the data as shown in the following indicators.

Indicators in the data

The *healing* phase encompasses three sets of behaviors, cognitions, and emotions:

Telling the story,

Rediscovering self, and

Investing in relationships.

Telling the story. Telling the story of their experience of an abusive relationship was emphasized by the informants as a key advance in *healing*. Telling the story took many different forms for the informants, including: talking to friends, taking part in women's support groups, writing a journal, planning to write a book, seeking counseling, and various forms of re-enactment in workshops such as psychodrama and other safe-setting expression of suppressed feelings. Participating as an informant for this study was viewed by some of the women as an opportunity to tell their stories. Anne Marie expressed her thoughts about the value of telling her story:

> Talking about this has been very important to me. At first it was because I was so angry and I just talked to everyone, all our friends about how I had been treated and what he had done to me. Then later and still now I talk more to clarify what I think and feel. Talking has been healing to me, it has helped me find my way through all of this.

Emily spoke of the importance of being able to talk about her past relationship and compare it to others' experiences, without receiving advice:

> People need to tell their story. I had a friend ... we talked a lot ... about inequalities and difficulties in relationships ... and then being responsible and seeing yourself as being worthy, after feeling unworthy for much of your life. Talking with her helped about identifying ... finding your own identity ... I think she was important to me ... but you don't give advice.

> Advice is cheap. It's easy to look from the outside and give advice but it's not helpful.

Babette emphasized the importance to her healing of having a support system, "I have a lot of girlfriends, and we do a lot of talking and if there's something we don't understand we look for it ...". Gert found writing her story to be her most powerful healing tool, because it helps her to see patterns in her life:

> The more you write, the more you sort it out ... when it stays in your head it goes around and around and around ... until we put it into language, which is our biggest learning tool, we often have it stay in forms that are not useful to us ... I would say the very first thing that put me on this trail is I went to see a counselor ... and that was the very first time I had been told there were patterns in behaviors and interrelationships ... and suddenly I realized this man is telling me there's a pattern to my life, and that's when I started looking for and recognizing a whole lot of patterns.

Sarah told of the profoundly healing experience of joining a support group for battered women and the value of hearing other women's stories, as well as telling her own:

> It started to come out when I joined the battered women's group ... I couldn't see what had happened to me and I do not know why. I could only see it through the other women's experiences. They were a mirror of my soul and my experiences and only when I could recognize ... that this is what happened to me ... now I like to talk about my experience ... when I do that I don't feel so powerless.

Telling the story provided the women with an opportunity to sum up the process they had experienced of living in and leaving an abusive relationship, to explain that experience to themselves and to others, and to understand and acknowledge in greater depth how the experience of being abused fit into each of their lives. This increasing understanding tied in closely with rediscovering themselves as individuals.

Rediscovering self. Rediscovering self included beginning to feel their own emotions, or un-numbing, and finding out about and developing their own strengths and abilities, interests, and enjoyments which they had been incapable of acknowledging or developing while in their abusive relationships. For Babette the un-numbing began three years after she left the abusive relationship:

> I had done a lot of my own reading, and I was driving by myself and I started getting these flashbacks of my life ... and I pulled over to the side of the road and I realized that I had quit numbing ... I could feel this pain and I thought just let it happen and I just started to cry and cry and I thought I was going to die from that. I thought I was going to die from this pain, honest to God. And then I could feel myself starting to numb again, ... and I recognized it and I thought, no, you're not numbing. You're going to see this through ... and you know I haven't numbed since ... even though it (numbing) saved me a lot of tears, I knew I wasn't growing ... I knew that I had to go beyond that and I did ... and so now if something upsets me, if I feel like I'm going to cry, I just cry. If I don't like something, I just say so.

Leilani rediscovered her feelings over a long period of self reflection and therapy:

> It took me a long time to realize I had anger. I didn't know what anger was until about three years ago. I have anger? Only abusive men have anger. Not me. I couldn't have anger because it's a form of violence. For me to admit I had anger was a breakthrough big time because of what I had seen anger to be. Anger has taken on a whole new meaning for me now.

The importance of rediscovering and learning to value their own strengths and abilities was discussed by all the informants, as exemplified by Anne Marie:

> I feel like I've managed to get my life together and I've done a whole lot of things that have really restored my self esteem ... I feel attractive now even when I'm not wearing makeup ... I feel like I have a lot to offer other people whereas before I was so drained all the time ... I'm a very confident person, I know what I want, and I just work at getting there. I voice my

> concerns ... Since I've been going to school with every step I make, I prove to myself that I am smart, that I am interesting, that I can hold a conversation with people, that I can do all these things that I had been made to believe that I wasn't capable of doing ... and I guess that is getting me on my feet and keeping me on my feet.

For all the woman in this study seeking further education was a significant step in rediscovering themselves. Sarah said:

> When I was at school I started to think, gee, I actually am smart, but I still wasn't sure of it and I remember the first time I wrote a paper and I got a top mark. I brought it home and I wrote on it, see I'm not a dumb ---- after all! ... It has become very significant in terms of the education being something that someone can't take away from you.

Rediscovering themselves through un-numbing and finding their own strengths and interests provided the informants with the desire and resources for investing in and valuing new relationships.

Investing in relationships.

Investing in relationships included: seeking and developing close friendships with others, renewing relationships with family and friends who had become distanced during the abusive relationship, reaffirming commitment to their own children, being supportive to other women, and, for some of the informants, finding new intimate partners. For all of the participants, there was a new-found appreciation of close relationship with others. Additionally all the women acknowledged awareness of the effort and commitment that is required to establish and maintain close relationships.

The three informants who had not entered a new intimate relationship with a partner expressed both the wish to be involved in such a relationship at some point in their lives and the continuing fear of becoming involved in another abusive relationship, as indicated by Emily:

> I think that in order to be truly recovered from the pain of this (abusive) relationship, I would have to have a healthy relationship with someone else ... I'm still so frightened of getting back into the same relationship with someone else.

Dorothy exemplifies the wonder and fulfillment of the four informants who have developed healthy intimate relationships since leaving their abusive situations:

> My relationship now with my husband is just so amazing ... it took me a long time to get to the point where I would even consider a new relationship ... for a long time we were just friends ... and now we work out our problems ... we get angry, and we have problems, but we work them out ... we write angry letters to each other sometimes, but there is no abuse, we are equal ... we are both in this together ... and sometimes I just can't believe that something so good has happened to me.

Anne Marie expressed the constant struggle that goes into maintaining a healthy relationship, because of the lingering effects of having been in an abusive one:

> It's (previous experience) still hurting, and I want so desperately for the hurting to stop. One of the things that bothers me is I have a wonderful husband and a wonderful relationship but I'm so afraid of being hurt again that I do things to him that he doesn't deserve because I have my guard up ... and then I realize what I'm doing and I go to him and say I'm sorry ... and I find that I just don't have that endless supply to keep giving and giving and giving ... in many ways that's probably healthy.

Several of the women have found tremendous satisfaction in providing support to other women. Babette finds that she is better able to support others because of her own experience with being abused:

> It made me better in a lot of ways. I recognize power tripping now by people who are supposed to be providing a service to women ... I recognize things a lot sooner and I don't let them go ... I know what my rights are, and what other women's rights are, and I do something about it ... I don't quit learning from other women ... I understand more than a lot

> of people can. I don't judge them ... I don't say 'no'. I validate everything I say to them ... I apologize when I hurt someone ... and I feel for them ... and I'm quite affected by people, when women are very close to me, I feel a lot of respect and I think they know I'm genuine. I can help others.

Sarah commented on the importance to her *healing* of belonging to women's support groups, both to give and receive support:

> I will always need the support of other women throughout the rest of my life. I choose never to be isolated like that again.

Investing in relationships involved an opening up of themselves to others and a sharing of their life experiences which became an integral and ongoing part of the phase of *healing*. Telling their stories, rediscovering the many dimensions of themselves, and investing in relationships were viewed by the informants as ongoing and constantly evolving aspects of their lives, indicating that the *healing* phase may continue throughout their lifetimes.

The five phase process of leaving an abusive relationship as it emerged from the data consisted of *identifying abuse*, *seeking validation*, *disengaging*, *leaving*, and *healing*, but the central or core category which the process revolves around is the pivotal phase in the women's experience.

Core Category of the Process of Leaving

Leaving the abusive relationship is the core category of the process. All the phases lead up to, or from, this phase. Defining the phase of *leaving* proved to be difficult and complex, and resulted in significant implications for the meaning of 'the process of leaving'. The women in this study reported several different types of experiences which initially seemed to be 'leaving'. One pattern observed in the data was 'leaving and returning', in some cases repeatedly, by some of the women, before they reached the point of actually choosing to leave and remaining committed to that choice.

In this research this behavior is viewed not as part of the *leaving* phase of the process of leaving, but as evidence of 'challenging the power imbalance' which indicates an earlier phase, *disengaging*. Another pattern which emerged in several of the women's stories was that of leaving one abusive relationship, and soon engaging in another similar relationship although with a different partner, a pattern which seemed to reflect 'leaving an abuser', but not 'choosing to leave the abusive relationship'. These interpretations were confirmed by several of the informants.

In one case the informant reported leaving one abusive relationship, entering another, then making a choice to "turn the relationship around" and working for years with her second partner on improving their previously abusive relationship. This woman's story at first appeared to the researcher to be a 'negative case' for this theory of the process of leaving an abusive relationship, but repeated examination of the data finally revealed the possibility that this woman too was progressing through the process of leaving, but she 'chose to leave the abusive relationship and stay with the partner'. This interpretation was later confirmed by that informant, who stated on the telephone, with inflections in her voice of interest and excitement:

> Yes, that **is** (emphasis her's) what I was doing - distancing myself from that (abusive) relationship and leaving it, and choosing not to live with abuse anymore!

Conclusion

The core category, *leaving*, is the key phase in the informants' processing of their common social psychological problem of living in abusive relationships. Defining the phase of *leaving* also provided definition of the process of leaving an abusive relationship, in that these informants all chose to stop living in abusive relationships and removed themselves from abusive situations by moving through the process of *identifying abuse*, *seeking validation*, *disengaging*, *leaving* and *healing*. The process of leaving

Table 2

Components of the Phases in The Process of Leaving An Abusive Relationship

Phase	Components
Identifying abuse	acknowledging that partner's behavior is abusive acknowledging the effects of abuse on themselves acknowledging reality versus 'the dream'
Seeking validation	talking to someone gathering information about abuse
Disengaging	distancing weighing alternatives challenging the power imbalance
Leaving	taking action living through today letting go
Healing	telling the story rediscovering self investing in relationships

captures a basic pattern common in the experiences of the informants, grounded and verified in the data. The five phases of the process are indicated in the data by sets of cognitions, emotions and behaviors reported by the informants, and summarized in Table 2: "Components of the Phases in the Process of Leaving an Abusive Relationship". This Basic Social Psychological Process is explanatory of the women's' progress, while allowing for the variation of their individual experiences of the process.

V. DISCUSSION

The purpose of this study was to explore the process experienced by women as they leave abusive relationships, with attention to the facilitating and hindering factors identified by the women and their explanations of the effect of these intervening factors. The researcher's goal was to expand nursing knowledge in the area of successful lifestyle adjustment and the healthy functioning and resilience of women who leave their abusers, rather than focusing on deviance and illness. Since little empirical knowledge exists in this area, grounded theory techniques were used to collect and analyze data to answer the research questions. Open ended interviews were conducted with eight informants. The findings indicate that the women in this study used the Basic Social Psychological Process (BSPP) of *leaving* to process the significant problem in their lives of being involved in abusive intimate relationships. Significant and unique aspects of these findings include the focus on successful lifestyle adjustment by the informants, the emergence of a previously unidentified process, the evidence of leaving as a process rather than a single event, the frequently experienced lack of understanding by professionals, and the importance to the informants of having a nonjudgmental listener for their stories. As indicated in the previous chapter, a five phase process of leaving emerged from the data, consisting of *identifying abuse*, *seeking validation*, *disengaging*, *leaving*, and *healing*. Intervening factors as identified by the women in each phase were summarized in the description of each phase of the process. The process of leaving is diagrammed as a spiral -- a circular, unfolding, and cumulative pattern of progression.

In this chapter the purpose is to discuss the study in terms of: the effectiveness of the method used in data collection and analysis, the unique contribution of these findings, the findings as they relate to relevant research literature on this topic, the limitations of the study, the implications of the findings for nursing practice, the researcher's suggestions for further research, and a summary.

Discussion of Research Method

As discussed in Chapter III, the use of grounded theory techniques fostered the emergence of the emic perspective of the process of leaving an abusive relationship, allowing the informant's contextual stories to shape the emerging theory, rather than imposing the researcher's preconceived ideas and existing theory about the phenomenon. The theoretical model of the process establishes the relationships between the categories, subcategories, and concepts generated from the data and carries significant explanatory power regarding the changes experienced by the women over time, while allowing for a wide range of variation between the informants in their actual experiences.

The grounded theory method of theoretical sampling resulted in an adequate and appropriate sample of women's experiences for the study of this phenomenon. Although a range of recruitment strategies were planned, the initial strategy implemented, poster recruitment in women's agencies and subsequent word of mouth dissemination, resulted in more volunteers than were needed for the study. Therefore, although the researcher was later granted access to other agencies for recruitment, further strategies were not implemented. The readiness of women in the community to volunteer as participants for the study may be an indication of the high incidence of women experiencing spousal abuse, their need to talk about their experiences in safe, nonjudgmental circumstances, and their commitment to helping other women who are, or have been, abused.

As discussed in Chapter III, an analysis of informant characteristics revealed considerable variation between informants in terms of age, length of time since leaving their abusive relationships, number of abusive relationships experienced, current family responsibilities, and current employment and economic status. The diversities between participants contributed strongly to the process of theoretical sampling. The informants were homogeneous on three significant characteristics: they were all highly motivated, all were articulate, and all were relatively well-educated and committed to further self development. This homogeneity of the participant group may limit the research findings, by considering only highly motivated, articulate, well-educated women who leave abusive relationships.

Thick and rich data was obtained in one interview with each informant probably due to the open-ended structure of the interviews and the centrality of the phenomenon under study to each woman's life. Face to face tape-recorded interviews enhanced the quality of the data due to rapport established between the informants and the interviewer, the communication of the emotional context of the stories, and the further stimulus of the theoretical sensitivity of the researcher. Three of the eight informants initiated contact with the researcher several months after providing the interviews, to express the benefits they perceived from having been participants in the study. All three discussed the value of being able to tell their whole story to someone interested in listening but not evaluating their experiences. Two of the three indicated their belief that the interview experience had enabled them to move forward in their process of healing.

Methodological rigor was enhanced throughout the data collection and analysis by adherence to Grounded Theory method including: recruitment of credible, knowledgeable informants, theoretical sampling, open-ended interviewing, careful documentation throughout the research process, and use of the constant comparison method and staged coding procedures during analysis. The researcher made every attempt to 'let the data do the talking' and verified the theory which emerged from the data with secondary informants.

The protection of the confidentiality of participation and of the data, and safety measures for the informants and the researcher were carefully planned and implemented during this research process. No known breaches of confidentiality or safety occurred during the study. Late in the data collection process one informant discussed with the researcher her concerns about the Information Sheet for Potential Participants (see Appendix C) and the Informed Consent Form (see Appendix D). This participant was concerned that the section of these forms which explained the researcher's obligation to report any evidence of current child abuse was too harshly written, and could unnecessarily stimulate feelings of guilt in informants about their parenting performance, since "most women who have been in abusive situations feel badly about their treatment of their children at some time or other in their process". The participant was acknowledged by the researcher for bringing forward this concern, however the forms were not modified at this stage in the data collection since they had already been distributed to the total pool of potential participants.

Discussion of Findings

This discussion will highlight the unique findings of this study, and relate the findings in this research to the few other existing studies on this topic, and to related areas of research. As discussed in Chapter IV, the research findings indicate that the BSPP of *leaving* was used by the informants as a way of processing the problem of living in an abusive relationship. This group of women experienced a five phase process of leaving their abusive relationships consisting of *identifying abuse*, *seeking validation*, *disengaging*, *leaving*, and *healing*.

Unique and Significant Findings

The process which emerged from these data is unique to this study. This process derives from the individual women's reports of their experience of leaving and gives evidence for the lengthy, painful, and cumulative nature of the process. These findings clearly indicate that the decision making in the process belongs to the woman experiencing it, and that although the actions of others may impact on her, she is the central character, the one who must be ready in order to move forward in the process of leaving. The rate of her progress seems to depend on the fit of her individual present with past experiences, intervening factors and resources such as support, finances, etc. The achievements of the women in this study in choosing healthier lifestyles in the face of sometimes awesome barriers also belong to them. No one did this for them, they achieved this themselves. They feel joy and pride in their accomplishments and a renewed belief in themselves, a conviction of their own resilience and strength.

The distinctions which became apparent in this study between 'leaving and returning', 'leaving an abusive partner', and 'leaving an abusive relationship' illustrate the range of meanings and outcomes of the physical activity recognizable to others as 'leaving'. Reflection upon the similarities and differences among these actions reveals to the reader/observer the importance of the inner process being experienced by the woman in determining the actual meaning and the ultimate outcome of her 'leaving'. All the behaviors are similar in that an outsider would observe the woman physically removing herself from the abusive situation. However, depending upon the meaning of the 'leaving' to her, and upon the extent of her processing of the problem, she may be experiencing any one of the phases of the process of leaving. She may be acting from phase three, *disengaging*, by leaving her partner to challenge the power imbalance, in which case she may return to the abusive situation post-crisis. She could be experiencing phase four, *leaving*, having worked through her own process to the point of making a conclusive decision. It is also possible that she may not yet have moved through phase one, *identifying abuse*, thereby running significant risk of entering another similar relationship due to her failure to that point to acknowledge the abuse to herself. The significance of these differences is that the observer/friend/professional should not focus on labeling the woman's progress or achievement, but rather attempt to understand that all these variations of 'leaving' have meaning to the individual woman and form an important part of **her** experience of the basic social psychological process. Regardless of the phase of the process she is working through, it is important to support and encourage her **in that phase**, and not to attempt to impose a meaning different than her own on her action of 'leaving'.

Another predominant and highly instructional finding in this study is the general experience of the informants with only a few exceptions that professionals were not helpful as the women experienced this process. The women believed that the professionals they came in contact with could have helped them but did not, due to apparent lack of understanding, disinterest, discrimination against them for being abused, misuse of power over them as clients and hiding behind bureaucratic 'red-tape'.

The findings indicated the profound effect on the informants progress when they began to recognize the patterns in their own lifestyles and behaviors, as well as the cyclical nature of abuse. Some of the women were assisted to see these patterns by others, while other informants came to these realizations on their own. In either case significant momentum was gained in the process with these realizations. The significance of pattern recognition, process, and cumulative progress as identified by these informants is highly congruent with Rogers' (1970, 1988) nursing paradigm, the Science of Unitary Human Beings, which conceptualizes human beings as irreducible, indivisible, multidimensional energy fields, which cannot be predicted from knowledge of the parts, and which are in continuous mutual process with their environmental energy fields.

The process which emerged from these data could be viewed as having several dimensions: a healing or emotional dimension, a learning or cognitive dimension, and a behavioral dimension, the conversion of understanding into action. The division of the process into these dimensions is somewhat arbitrary, and reductionistic, since the dimensions appear to unfold together and cannot be realistically separated in real experience. The notion of dimensions is noteworthy however in that the growth, or developmental, nature of the process of leaving becomes clear when viewed in this manner.

The healing power of being able to tell their stories to nonjudgmental and empathetic listener(s) was another significant finding in this study. All of the women spoke of their need to talk about their experience of living in and leaving abusive relationships. The informants agreed that they were seeking safe, accepting ear(s) to whom they could tell their story, and to make more sense of their own stories by hearing themselves say them out loud. They were not seeking advice about what they should do, but rather sought listening to and validation of their experiences.

The Concept of Leaving as a Process

The informants in this study confirmed that they perceived leaving an abusive relationship as a process rather than as a single event. This finding is consistent with the previous studies of Herman (1992), Landenburger (1989), Limandri (1987), Ulrich (1991), and Weingourt (1979).

Herman (1992) through her extensive research with physically, psychologically, and sexually abused women, conceptualized their recovery from "complex post-traumatic stress disorder" (p. 121) as a three stage process encompassing the establishment of safety, remembrance and mourning, and reconnection with ordinary life. Herman's approach to the process begins after the woman is out of the abusive situation, but the phases she conceptualized can be drawn parallel in some aspects with the *leaving* and *healing* phases of the process emerging in the findings of this research. For example the women in this study sought and found safety in the 'taking action' and 'living through today' advances in the fourth phase, *leaving.* Parallel to Herman's "remembrance and mourning" is the 'letting go' advance in the *leaving* phase in these findings. Herman's "reconnection with ordinary life" coincides generally with the *healing* phase which is conceptualized in this research. These comparisons lend credence to the findings of this study.

Landenburger's (1989) findings revealed a process of entrapment in and recovery from an abusive relationship in four phases: binding, enduring, disengaging, and recovering. The two latter phases, disengaging and recovering, involve some similar characteristics to the process discovered in these research data. Commonalities between the conceptualized processes include each woman labeling herself as abused, and identifying herself with other women in similar situations. Landenburger views these activities as part of the disengaging phase, while this researcher's conceptualization places these activities prior and essential to entering the *disengaging* phase. The term *disengaging* for the third phase in this study is attributed to Landenburger, since the informants in this study had not used a term which could accurately and clearly subsume all the categories discovered in the data which belonged to this phase of the process. In Landenburger's 'recovery' phase she includes struggling for survival, grieving and searching for meaning, which encompass "the period of initial adjustment after a woman has left her abusive partner until she gains a balance in her life." (p. 221). These differing, but complimentary and congruent, conceptualizations of the phases in two separate studies serve to strengthen the findings of both research projects.

Weingourt (1979) viewed women leaving an abusive spouse as experiencing a grieving process, moving through stages of: ambivalence, awareness of impact, awareness of self as an active participant, and acceptance of loss. Although elements of grieving are present in the five phase process in this study, this researcher believes that grieving is only one of the dimensions of the leaving process, and that grieving alone would not explain the experiences of the informants in this study.

An important question about the process of leaving an abusive relationship is how it compares or contrasts to the separation process between partners in a non-abusive relationship. Although this comparison was not conducted as part of this research, it could be hypothesized that these differences would include a greater impact, and therefore more complicated recovery, for women who have been abused particularly in aspects such as: physical and mental health, self esteem, deep seated fears, symptoms of post traumatic stress syndrome, constriction of the normal range of emotions (numbing), social isolation, social stigma and fear of rejection. Bridges (1980) describes the transition process as a normal human response to the need for change, and consisting of three phases: ending, the neutral zone, and making a beginning. The process of leaving an abusive relationship which emerged in this study could be seen to 'fit' with Bridges' more generic model of transition, although it is much more specific to the traumatic life experience and transition of abused women. Duffy, Mowbray and Hudes (1990) studied the personal goals of 250 recently divorced women with children and found their primary identified goals in descending frequency to be independence (mainly financial), secure employment, further education, improved parenting, interpersonal relationships, environmental (home, school) improvements, mental health, and others. Although not systematically studied in this research, marked similarities are apparent in the stated goals of the informants interviewed in this research, with more emphasis on mental health by the women who are leaving abusive relationships.

Intervening Factors

The intervening factors identified by the informants in this study were summarized in the findings chapter as they corresponded in the data with each of the five phases. The subquestions in this research focused attention on the intervening factors in the process as identified and explained by the women. While evidence from the data was presented to indicate the presence of the facilitating and inhibiting factors in the stories of the participants, these intervening variables were not pursued systematically by the researcher during the data collection process. This may be a limitation of this study and an important area for further research, as the women did identify these factors as being significant in their processes. Certain facilitating and inhibiting factors were mentioned more often and with more emphasis and emotion than others, and may be more relevant in their effect on progress through the process of leaving an abusive relationship.

The experience of overwhelming and immobilizing fear was described by all the women as a highly significant factor in keeping them trapped in their abusive situations, and inhibiting their progress in the process of leaving. At other times in the process, the informants recalled their fear as being a motivating factor which facilitated *leaving* and removing their children from high risk situations. Fear of rejection by others was a frequently mentioned inhibitor. The other intervening factors which characterized the entire process in an outstanding manner were the self reported low self esteem of the informants and the constriction of their normal range of emotions, which they most often described as 'numbness'.

Facilitating and inhibiting factors which influence women to leave or stay in abusive relationships have been proposed by a number of researchers in studies which are well summarized by Jarrar (1985). The facilitating and inhibiting factors identified by the informants in this study provide verification of the findings of previous studies. The most significant intervening factors commonly cited are fear, lack of resources, risk to self and to children, level of self esteem, perceived alternatives, stigma, shame and embarrassment, and the influence of others.

Diagramming of the Process

The diagramming of the process of leaving an abusive relationship in this study underwent numerous revisions as the data analysis progressed. However even the beginning diagram took the shape of a spiral, representing the researcher's conceptualization of the process as a continuous, somewhat circular, and cumulative evolution. The spiral also portrays a sense of momentum which is characteristic of the process. There may be other forms of the model in other populations of abused women. It is important that the pictorial model of the process discovered in these data not be used by professionals or by women themselves for the purpose of fitting women into one phase or another in an arbitrary manner. The significant aspect of diagramming a process is to view the phenomenon as a whole, and to be able to represent pictorially a complex and multidimensional life experience, while acknowledging the limitations of the two dimensional medium of print on paper.

The idea of using a spiral to model a life process is not original to this researcher. A profound influence on the researcher's conceptualization of human life processes in general has been that of Rogers' (1970) science of unitary human beings, in which she utilizes the 'slinky toy' to illustrate the "spiraling ... rhythmical nature of life" (p. 92).

Other researchers who have used similar models of life processes are: Sgroi (1989), who conceptualized the stages of recovery of adult survivors of childhood sexual abuse as a continuous upward moving spiral, and Balshaw (1993), who conceived of the "spiral of intentional living" (p. 2) to model the process of nonviolent men who witnessed spousal abuse in childhood.

Implications of the Findings

The results of this study can significantly sensitize nurses and other health care professionals to the experiences of these women as they left abusive relationships. These findings, combined with other qualitative studies on this topic such as those mentioned above, illustrate convincingly that leaving an abusive relationship **is** a process rather than a single decision and/or event. Additionally the results of this study highlight the gradual and cumulative nature of the process. None of the informants believed the process took less than a period of years. This information alone should profoundly impact professionals in their interaction with women in abusive situations. It strongly emphasizes the erroneous and additionally abusive nature of placing unrealistic expectations, judgments and labels on women who have not yet left their abusers, or who choose to return 'this time'. Professionals must change their attitudes to view these patterns as a step in the process of leaving abusive situations, so that these women can be met with support, compassion and understanding, responses which can validate them wherever they may be in their own processes of dealing with the vital issues in their lives.

Implications for Education

Educational programs for professionals should include in their curricula information about and sensitization to the experiences of women and their families who live in situations of violence and abuse. Until professionals understand that all types of abuse are related, that they are a serious and widespread social problem and responsibility, and that the experience of living with abuse and choosing to leave is a major life process which involves every aspect of individuals' and families' energy and being, the traditional unhelpful approaches to working with abused people will continue. Nurses working with all populations in all settings need to be educated both in basic and in continuing education programs about the phenomenon of abuse and its effect on people, and to obtain practical experiences with being truly helpful. For example, a nursing class or workshop in which one or more women could tell their stories about being in/leaving abusive situations would bring context and meaning to the students' knowledge of the experience. Emphasis on the skills of empathetic and nonjudgmental listening through experiential teaching rather than lecture could open students to a much broader understanding that merely listening attentively is in itself an appropriate and meaningful intervention. Learning about the process of leaving an abusive relationship from the perspective of women who have lived the experience as it is presented in this study, has the potential for impacting the practice of nurses by giving them actual examples of individual women's experiences.

Implications for Practice

Due to the fact that abused women exhibit many health problems, and the likelihood that registered nurses will come into contact with these women as consumers of health care in some setting, it is essential that nurses apply sound knowledge about the experience of being abused and the process of successfully leaving an abusive situation. The traditional professional approaches to working with abused clients, specifically labeling the problem(s) and using a directive, prescriptive manner in 'solving' these problems, is neither helpful nor acceptable, as indicated by the data in this study. Professionals need to look beyond the common myths about abused women and their relationships (Walker, 1979), to empathize with what real life in an abusive situation might be like. Through continuing education, disseminated research findings, role modeling in practice settings and supportive working environments, professionals' ideas about effective interventions for working with this population can and should change. Practitioners need to utilize and value listening as an intervention, encourage clients to generate alternatives, and facilitate abused clients to explore the effects of their experiences on their health, while acknowledging that treatment provided for symptoms of abuse is a necessary but temporary intervention. The true solutions to individual cases of abuse lie in enabling clients to choose the alternatives which are best suited to them.

The patience and acceptance required to support clients as they progress through the process of leaving contrast fundamentally with the 'savior' mentality of many professionals. It is painful for clients to struggle through the process of leaving, and it is painful for professionals to observe, support and enable clients in this struggle rather than giving in to the temptation to give advice and resort to prescriptive practice. However the women in this study succeeded in their processes of leaving abusive relationships, not because someone did it for them, but because they were finally empowered to do it for themselves. This achievement restored self esteem, moved them toward further development of their own potential, and resulted in them living today in healthy, productive and satisfying ways.

The knowledge of facilitating and hindering factors in the process of leaving, as they were identified by the study participants, can contribute to professionals' selection of helpful responses in their interactions with women known or suspected to be in abusive relationships. Explicitly the women in this study expressed their need to be able to talk to others about their experiences, to be heard without being advised or judged. They indicated that it was helpful to receive confirmation from others that abusive behaviors **are** unacceptable and undeserved. They found reading materials, films and true stories in the news media about abuse to be validating in their own assessment of their individual situations. All the women knew when they were ready to take action on their plans to leave their abusers. They benefited from discussion about possible alternatives to staying in abusive relationships.

Knowing what other women have experienced in abusive situations can allow professionals and others to communicate to these women that they are not the only ones to have these experiences, that the fact of being abused does not make them bad or unworthy, and that they are not crazy because they have flashbacks, numbing of their emotions, anxiety, depression, and other symptoms. The anger and disappointment discussed by many of the informants with the inadequacy of healthcare and social services and the people who work as service providers indicates a need for change in societal attitudes about the phenomenon of spousal abuse. On the basis of both economic and moral considerations it is essential that resources be available to assist families in choosing alternatives to abusive situations. Without this adjustment in societal attitudes and expenditure of resources the intergenerational spread of family violence will continue to occur at an exponential rate, an outcome which cannot be defended either in the present or in planning for future generations.

Nurses and other professionals, and professionals in their capacity as private citizens, have many opportunities to be influential in determining public policy, to be role models in changing their attitudes and beliefs about abuse, and to be supportive and facilitative to individual women. These women may simply need that encouragement and understanding to move ahead in their own Basic Social Psychological Process(ing) of the problem of living in an abusive relationship.

Suggestions for Further Study

The purpose in this study was to explore a phenomenon about which very little empirical evidence exists. As an exploratory study these findings provoke many questions for further research. Although these findings are not conclusive in themselves, future replications as well as other qualitative and quantitative studies of the process of leaving an abusive relationship could confirm or refute the findings which emerged from these data.

The informants in this study were homogeneous in their high levels of motivation, their articulate reporting of their experiences, and their level of education. The study of a more heterogeneous group of informants could produce more generalizable findings and further develop knowledge of the Basic Social Psychological Process (BSPP) of *leaving*. The BSPP of *leaving* could also be further developed by conducting research on children who have participated in the leaving process, and on men whose partners have left them due to their abusive behaviors. A retrospective study of women, or women and their children, who have left abusive situations, with attention to analyzing their use of health care services before and after leaving, might reveal patterns of substantial improvement in health status and give strong supporting evidence for the expenditure of public resources to prevent and intervene in the phenomenon of family violence.

A study of abused women including those who leave and those who stay in their abusive relationships with attention to assessing their explanatory styles, using a tool such as Seligman's (1991), could reveal significant patterns within this population. Since individuals can learn to change their explanatory styles with counseling, the discovery of a link such as this through research would make an important contribution to helpful professional intervention for women in abusive relationships.

A specific observation of some of the informants in this study dealt with the physical symptoms they experienced after leaving their abusive situations of withdrawal from the excitement and stimulation of the abusive behaviors. Herman (1992) describes a similar phenomenon as hyperarousal. The informants described this experience as craving action and missing the intensity of feelings, particularly fear and pain, which were inherent in the abusive situation. Some of the women attributed this withdrawal to their experience that "feeling anything is preferable to the numbness". They indicated that it had taken them time to learn to 'be still' and wait for these symptoms to subside rather than seeking similar stimuli to answer this need. This phenomenon could be studied further with considerable benefits in the areas of education and therapy with individuals removing themselves from violent relationships.

A final recommendation for further research would be a comparative study between the literature on the behavior and healing (process of recovery) of oppressed groups and the literature on the behavior of abused individuals and the process of leaving abusive relationships. Such a study might reveal additional information for understanding and facilitating both healing processes.

Summary

This study is the first reported Canadian research of women's perspectives of their experiences of leaving abusive relationships. The findings of this study are firmly grounded in the data, relying on the reported experiences of the informants for the generation of concepts and categories, and the emergence of the theory.

The overwhelming emphasis of the research to date on woman abuse has focused on the 'problem' aspect of the phenomenon including the dimensions of illness and deviance associated with this societal issue. The purpose and findings of this study focused on the successes of women who have broken the cycle of abuse, the strengths and resilience which have enabled them to do so, and the healing and growing process they undertake as they recover from the experience of living in abusive intimate relationships. These findings revealed a previously undiscovered process of leaving, as well as the significance to women experiencing this process of being listened to, believed, validated, and both viewed and valued as the capable and worthy individuals they are.

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Appendix A

Criteria for Selection of Informants from Women Who Volunteer to Participate

- English-speaking woman, 20 years old or over.

- expresses interest in participating in study, as opposed to expressing need for therapeutic assistance* *In these cases (on researcher's telephone assessment) referral would be made to appropriate resource &/or service as listed in Appendix G.*

- willing to participate.

- defines self as having left an abusive relationship* *An abusive relationship is defined as repeated physical, psychological or sexual abuse of a woman by an intimate partner endangering her survival or security (adapted from Saunders, 1986: Innes et al, 1991: Ratner, 1991; & others).*
  If asked for clarification of "abuse" or "repeated":
    "abuse" = damage, pain, harm, hurt, violence, force, coerce, threaten.
    "repeated" = twice or more.

Appendix B

Advertisement for Informants

Women Who Have Been Abused

I am a student in a masters program in nursing. I am studying women's experiences as they leave abusive relationships. If you have ended a relationship with an abusive partner at some time in your adult life and would be willing to talk about your life after you left, I would like to talk to you about my study. Please call 4-- ---- for more information between the hours of 9 and 11 a.m. At other times please leave a message with your name, phone number and a safe time to call on my answering machine at the same number, and I will return your call.

Appendix C

Information for Potential Research Participants

My name is Liz Buehler. I am a student in a masters in nursing program. I am studying the experience of women who leave abusive partners. Nurses need to know more about the events and feelings women go through after they leave abusive partners. I hope this study will help nurses to give better care to women who have left, or are thinking about leaving abusive partners. If you have left your partner because of abuse, you might want to join this study.

An abusive relationship is one in which a woman has been repeatedly mistreated. This can be physical, psychological (or emotional), or sexual abuse by an intimate partner. This mistreatment threatens or endangers her security or her survival.

If you join this study:

- you would need to meet with me, or talk to me by telephone. This will be one to three times, for about one hour each time.
- these talks could take several hours of your time.
- we will arrange to meet or talk on the phone at a time and place which is convenient to you.
- you decide how long or how much you talk to me.
- our talks will be tape-recorded and then typed.
- I will erase all names from the tape.
- only I will know your name and address.
- your name will not be used in any report of the study.
- I will write the report of the study so others will not know you took part in the study.
- I will keep all tapes and reports of your interview in a locked cabinet to protect your privacy.
- typed copies (with names removed) of the interviews may be used for future studies, if ethical approval is received at that time.
- if you tell me something and then decide you would rather not have said it, please tell me. If you wish, we will erase this portion of the tape.

The Child Welfare Act states that child abuse or neglect must be reported. Child abuse is the mistreatment or neglect of children. Child abuse may be physical, psychological or sexual. It threatens the well-being or security of the child. If you tell me something about child abuse or neglect which is happening now, I will talk to you about it, but will also need to provide this information to other health care workers. Otherwise I will keep everything you tell me in confidence.

If you want to learn more about this study, please call me at 4-- ----. I will be available between 9 a.m. and 11 a.m. You can leave a message on my answering machine at any other time of the day. I will be glad to answer any of your questions.

If you choose to join the study, we will arrange a meeting or telephone interview at your convenience. If you join this study, you may stop at any time without explaining your reasons.

Appendix D

Informed Consent Form

Title of Research: An Exploration of the Process Experienced by Women Who Leave Abusive Relationships.

Researcher: Liz Buehler RN, BScN, MN Candidate.
phone: 4-- ----

Supervisor: Dr. P.A. Field, Professor, Faculty of Nursing
phone: 492-6248
University of Alberta
3rd Floor, Clinical Sciences Building
Edmonton, Alberta, T6G 2M7

Purpose of the Study: I am doing this study to find out what it is like for women who leave abusive relationships. I will also study the factors which help or hinder women as they leave. By listening to women talk about this experience, I hope to understand what it is like, and how nurses can help them.

Procedure: I will talk to you about your experience of leaving an abusive partner. I will ask about your thoughts and feelings about your situation now. There will be one to three interviews, each lasting about one hour. The interviews will be at a time and place convenient to you. If you prefer, the interview could done by telephone. These interviews will be tape recorded. I will mark our taped interview(s) with a code name. Only I will know that code name. I will erase any names or addresses spoken in the interview from the tape. I will keep my record of your real name, address and phone number in a locked cupboard. I will destroy that record after this study is finished. A secretary will type your taped interview without names. I will store the tapes and typed copy in a locked cupboard. If the tapes are used for another study in the future, approval from an ethics committee will be obtained, as it was for this research. I will not mention your real name in any of the reports or talks about this study. I may use parts of our talks in the report. I will write the report so others will not know that you were in the study.

Participation: You do not have to be in this study unless you want to be. If you want to leave the study at any time, just let me know. Your can also refuse to answer any questions. If you tell me something and then decide you would rather not have said it, please tell me. If you wish, I will erase this portion of the tape. If you mention any needs for health care, counseling or other help, I will give you a phone number to call to get that help. If you wish you may contact the research supervisor, Peggy Anne Field, to discuss this study.

The Child Welfare Act states that child abuse or neglect must be reported. Child abuse is the mistreatment or neglect of children. Child abuse may be physical, psychological or sexual. It threatens the well-being or security of the child. If your tell me something about child abuse or neglect which is happening now, I will talk to you about it, but will also need to provide this information to other health care workers. Otherwise I will keep everything you tell me in confidence.

I will not contact you after the study is over, to protect your privacy. You may get a final report of the study by filling out the attached sheet, or by contacting the researcher.

Risks: There are no known risks to you from being in this study. You also may not gain anything from the research. I hope that the findings from this study will improve care of abused women in the future. I want to understand what this experience is like for you. I will ask very personal questions. You may find there are things which are painful to talk about. Anytime you wish, you may stop the interview. You may also choose not answer some questions.

If your have concerns or questions at any time, please contact the researcher, Liz Buehler, at 4-- ----.

Consent:

I, ____________________________, have read this consent form and discussed it with the researcher, Liz Buehler. I agree to take part in this study called "An Exploration of the Process Experienced by Women Who Leave Abusive Relationships". I have asked any questions that I have about the study, and about my part in it. The researcher or the Supervisor have answered all my questions.

I understand that typed material (without names) from this study may be used in future research. I agree to let this material be used, if approval is first received from an ethics committee.

I know that I may leave the study at any time without explaining my reasons. I have bee given a copy of this consent.

________________________________	________________
Signature of Participant	Date
________________________________	________________
Signature of Researcher	Date

I know I may call the researcher in September 1993 to receive a report of the study,

or

I would like to receive a report of this study at the address below:

____

____

____

____

Appendix E

Examples of Guiding Open-ended Questions to be asked of the Informants

(These are examples and will not necessarily all be asked if not applicable to particular informants or if answered spontaneously. Questions may not be used in order. Questions may not all be asked during the first interview.)

1. Tell me about your experience of leaving the partner who abused you.

2. Describe the abusive relationship you were involved in.

3. Is this the first abusive partner your have had? (Tell me about leaving the other(s).)

4. Tell me about the things that helped you to leave?

5. Tell me about the things that influenced you to stay as long as you did.

6. How do you feel now about leaving the relationship?

7. What things made it hard for you to leave?

8. Tell me about the things that have helped you since you left. The things that have been difficult for you?
9. How do you explain what happened to you in this abusive relationship? (Do you think there were reasons why this relationship was abusive? If so, what reasons?)

10. Tell me about any changes you see in yourself since you left your abusive partner.

11. How do you think other people would describe you at this time in your life?

12. Describe how you see yourself as a person.

13. How would you describe your everyday life at this time?

Appendix F

Biographical Data: Informant

1. What is your year of birth? ___________

2. In what country were you born? _______________

3. What is your present marital status?
    married _____
    common-law _____
    separated _____
    divorced _____
    widowed _____
    other(specify) _____

4. How many children do you have?
    none _____
    actual number _____

5. Are the children living with you? _____

6. Are you presently working?
    full time _____
    part time _____
    going to school _____
    keeping house _____
    other (specify) _____

7. Are you presently supporting yourself financially? _______

8. Other sources of financial support? __________________

9. What is the highest level of education that you have completed?
    No school _____
    Elementary school _____
    Junior high _____
    High school _____
    Post secondary _____
    University _____
        Diploma _____
        Bachelor degree _____
        Masters degree _____
        Doctoral degree _____

Appendix G

Community Resources for Referral of Informants

Edmonton Shelters

WIN House (Shelter for battered women) Edmonton	479-0058
Lurana Family Centre	424-5875
A Safe Place (Shelter for battered women) Sherwood Park	464-7233
Women's Emergency Shelter	423-5302
Y.W.C.A.	423-9922
McDougall House	426-1409

Emergency

Distress and Suicide Line	424-4552
Child Abuse Hot Line	0 (ask for Zenith 1234)
Emergency Social Services	427-3390
Sexual Assault Centre	423-4121
Police	423-4567
Alberta Alcohol & Drug Abuse Commission	427-4291

Health Assessment

Victorian Order of Nurses (People in Crisis Program)	466-0291
STD Clinic	427-2834

Second Stage Housing

Edmonton - WINGS	426-4985
Calgary - Discovery House	277-0718

Counseling

Alberta Mental Health Services	427-4444
Native Counseling Services	423-2141
Community and Social Service Information	424-3242
Edmonton Social Services	428-5890
University Walk-In Clinic	492-6501
WIN House (for information)	479-0058

Financial Assistance

Alberta Social Services District Offices	
Centennial Mall	486-8511
Fort Road	473-8411
105th Street	493-7511
Millwoods	461-3611
Whyte Avenue	431-6611
Westmount	453-7711

Child Welfare Workers are available at each of the above offices.

Emergency Social Services	427-2822/427-3390
Day Care Subsidy	427-0958
Indian Affairs	420-2777

Legal Help

Legal Aid	437-7575
Family Court	427-2743
Student Legal Services	432-2226
Lawyer Referral Service	1-800-332-1110

Medical Referral

Refer to Edmonton Telephones Yellow Pages	pp. 1335-47